DOCUMENT RESUME

ED 440 497 EC 307 786

AUTHOR	deFosset, Shelley, Ed.
TITLE	Including Preschool-Age Children with Disabilities in Community Settings: A Resource Packet.
INSTITUTION	National Early Childhood Technical Assistance System, Chapel Hill, NC.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	1999-05-00
NOTE	86p.; For information sources on inclusive programs and practices, see EC 307 785.
CONTRACT	H024A60001-96
AVAILABLE FROM	NECTAS Publications Coordinator, 500 NationsBank Plaza, 137 East Franklin St., Chapel Hill, NC 27514-3628. Tel: 919-962-2001 (Voice); Tel: 919-962-8300 (TDD); Fax: 919-966-7463; e-mail: nectas@unc.edu; Web site: http://www.nectas.unc.edu/.
PUB TYPE	Collected Works - General (020)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	Court Litigation; Curriculum Design; *Disabilities; Early Childhood Education; *Early Intervention; Family Environment; Federal Legislation; *Inclusive Schools; Infants; Parent Attitudes; *Policy Formation; *Preschool Children; Preschool Education; Resource Materials; Teaching Methods; Toddlers
IDENTIFIERS	Council for Exceptional Children; *Individuals with Disabilities Educ Act Amend 1997

ABSTRACT

The materials in this resource packet present a variety of perspectives and information for individuals and organizations implementing inclusive programs for preschool children with disabilities. It is organized into three sections. Section 1 presents varied perspectives on inclusion of preschool-age children with disabilities in settings with their peers. It includes a policy statement on inclusion from the Division for Early Childhood of the Council for Exceptional Children and a parent's perspective on inclusion. Section 2 provides resources to support those who are developing policies for or are working directly with preschool-age children with special needs and their families. This section includes articles on integrating children with disabilities into preschools, national perspectives on inclusive programs with an emphasis on curriculum and instruction, and perspectives on becoming a consulting therapist. Section 3 gives an overview of statutory language related to inclusion under the Individuals with Disabilities Education Act Amendments of 1997 and reviews court rulings in support of inclusion. (CR)

POOR PRINT QUALITY
Pgs 32 to 36 & 45 to 52

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 440 497

Including Preschool-Age Children With Disabilities in Community Settings

A Resource Packet

Shelley deFosset, Editor

EC 307786

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

NECTAS
National Early Childhood Technical Assistance System

BEST COPY AVAILABLE

Including Preschool-Age Children With Disabilities in Community Settings

A Resource Packet

May 1999

Shelley deFosset, Editor

NECTAS
National Early Childhood
Technical Assistance System
Chapel Hill, North Carolina

The National Early Childhood Technical Assistance System (NECTAS)

is a collaborative system, coordinated by the
Frank Porter Graham Child Development Center
of the
University of North Carolina at Chapel Hill

with

Center on Disability Studies, University of Hawai'i at Manoa
Federation for Children with Special Needs
Georgetown University Child Development Center
National Association of State Directors of Special Education (NASDSE)
ZERO TO THREE: National Center for Infants, Toddlers and Families

For more information about NECTAS, please contact the Coordinating Office at:

500 NationsBank Plaza
137 East Franklin Street
Chapel Hill, NC 27514-3628
(919) 962-2001 (voice)
962-8300 (TDD)
Fax: (919) 966-7463
E-mail: nectas@unc.edu
URL: http://www.nectas.unc.edu/

This resource is produced and distributed by the National Early Childhood Technical Assistance System (NECTAS), pursuant to cooperative agreement H024A60001-96 from the Office of Special Education Programs, U.S. Department of Education. Contractors undertaking projects under government sponsorship are encouraged to express their judgment in professional and technical matters. Opinions expressed do not necessarily represent the Department of Education's position or policy.

Additional copies of this document are available at cost from NECTAS. A complete list of NECTAS resources is available at our Web site or upon request.

NECTAS is committed to making the information it disseminates fully accessible to all individuals. If you require any of this information in an alternate format, please contact the publications coordinator at the NECTAS Coordinating Office.

May 1999

Principal Investigator: Pascal Trohanis
Project Officer at OSEP: Peggy Cvach
Editor: Shelley deFosset
NECTAS Publications Staff: Nancy Guadagno and Amy Ramirez

Contents

Introduction v

Section I: Perspectives on Inclusion

"Position on Inclusion" 1
Division for Early Childhood of the Council for Exceptional Children (1993)

"A Parent's Perspective" 3
(Dees, March 1999)

Section II: Inclusive Strategies and Practices

"Integrating Children With Disabilities Into Preschool" 9
(Diamond, Hestenes, & O'Connor) (*ERIC Digest*, EDO-PS-94-10, June 1994)

"Mainstreaming in Early Childhood Programs: Current Status and Relevant Issues" 13
(Wolery, Holcombe, Venn, Brookfield, Huffman, Schroeder, Martin, & Fleming) (*Young Children*, *49*(1), 78-84)

"National Perspectives of Inclusive Programs With Emphasis on Curriculum and Instruction" 21
(Wolery, 1997)

"Research-to-Practice in Inclusive Early Childhood Education" 25
(Jones & Rapport) (*Teaching Exceptional Children*, Nov/Dec 1997, 57-61)

"Perspectives on Becoming a Consulting Therapist" 31
(Hanft, March 4, 1995)

"We Can: Pioneers of Blending Early Childhood Services Advise Head Start on Blending Techniques" 39
(Rosenkoetter) (*Children and Families*, Winter 1999, 17-25)

Me, Too! Inside Preschool Inclusion — Briefs from The Early Childhood Research Institute on Inclusion (ECRII)

"Working Together: Professionals Develop New Roles and Relationships in Inclusive Settings" 47
(ECRII Brief No.1, February 1998)

"Toward a Better Understanding of Inclusion" 49
(ECRII Brief No. 2, July 1998)

"Respecting Diversity: The Effect of Language, Culture, and Disability on Children's Preschool Experiences" 51

(continued)

Section II: Inclusive Strategies and Practices, *continued*

(ECRII Brief No. 3, July 1998)

Me, Too! Inside Preschool Inclusion — Briefs from The Early Childhood Research Institute on Inclusion (ECRII), *continued*

"Words and Actions: How Teachers' Differing Beliefs About Inclusion Affect Classroom Practices" 53
(ECRII Brief No. 4, October 1998)

"Part of the Community: Factors That Influence the Way Children With Disabilities Participate in Society" 55
(ECRII Brief No. 5, July 1998)

"How Inclusion Works: The Beliefs and Experiences of Those Who Implement and Participate in Inclusive Programs" 57
(ECRII Brief No. 6, September 1998)

"The Culture of Inclusion: How Cultural and Disability Issues Influence the Implementation and Effectiveness of Inclusive Classroom Settings" 59
(ERCII Brief No. 7, October 1998)

"Teaching All Children: Challenges to Providing Early Intervention Services in Inclusive Settings" 61
(ECRII Brief No. 8, October 1998)

"Defining Types of Inclusive Programs and Services" 63
(ECRII Brief No. 9, October 1998)

"How Preschools Promote Inclusive Practices: Lessons From Two Case Studies" 65
(ECRII Brief No. 10, October 1998)

[Untitled; Working Title: "Eight inclusion synthesis points"] 67
(ECRII Brief No. 11, October 1998)

Section III: Legislative Foundations

Statutory Language Related to Inclusion From Part B of The Individuals with Disabilities Education Act Amendments of 1997 69

Statutory Language Related to Inclusion From Part C of The Individuals with Disabilities Education Act Amendments of 1997 71

"Rights to Regular Education" 73
Kids Together, Inc. (1996)

"Child Care Centers and the Americans with Disabilities Act" 77
U.S. Department of Justice, Civil Rights Division, Disability Rights Section (November 1997)

Show Me How Technical Assistance Bulletin 79
(Missouri Department of Elementary and Secondary Education, February 1997, Issue No. 1)

Section IV: Information Sources on Inclusive Programs and Practices (separate booklet)

Preschoolers With and Without Disabilities Learning Together 1
Information Brochure of the Early Childhood Research Institute on Inclusion

Web Site of the Consortium on Inclusive Schooling Practices 7

"National Organizations and Other Initiatives Supporting Inclusion" 11

"OSEP-Funded Early Childhood Projects That Support Inclusion" 15

Disability and Business Technical Assistance Centers (DBACs) 31

Head Start Disability Services Quality Improvement Centers (DSQICs) 33

"Including Young With Disabilities in Community Settings: An Annotated Bibliography" 35
(Danaher, deFosset & Vaughn, 1999)

Resources Supporting Inclusion in Early Childhood ..... separate booklet
Third in a series of compilations of resources on inclusion developed by OSEP-funded early childhood projects
(Danaher, & deFosset, 1999)

Introduction

> *Separate educational facilities are inherently unequal. This inherent inequality stems from the stigma created by purposeful segregation which generates a feeling of inferiority that may affect their hearts and minds in a way unlikely ever to be undone.*
>
> Brown v Board of Educ., 347 U.S. 483 (1954)

With the passage of Public Law 94-142 in 1975, all children who have been identified as having a disability have been guaranteed the right to a free appropriate education in the least restrictive environment. The basis for this law originated with the civil rights movement in the late 1950s and ensuing judicial decisions and legislation. For example, in the landmark case of *Brown v Board of Education of Topeka*, Supreme Court Justice Earl Warren wrote:

> Does segregation of children in public schools solely on the basis of race, even though the physical facilities and other tangible factors may be equal, deprive children of the minority group of equal opportunities? We believe it does. . . . To separate them from others of similar age and qualifications solely because of their race generates a feeling of inferiority as to the status in the community that may affect their hearts and minds in a way very unlikely ever to be undone. We conclude, unanimously, that in the field of public education the doctrine of "separate but equal" has no place. Separate educational facilities are inherently unequal. (*Brown v Board of Educ.*, 347 U.S. 483 (1954))

Inclusion in preschool programs means that children with disabilities play and learn with children without disabilities. They are not segregated or served separately in special classrooms or schools. To the greatest extent possible, their early education experience is provided in a typical setting.

Supporting Inclusion for Preschool-Age Children Under IDEA

The Individuals with Disabilities Education Act (IDEA) Amendments of 1997 (P.L. 105–17) require that Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs) for preschool-age children with disabilities be implemented in the least restrictive environment. If there are compelling reasons why a child (age 3 through 5) with a disability should not be educated in an inclusive setting, those reasons must be stated on the IEP or IFSP (*see* 34 C.F.R. 300.347(4)).

Because of its significance in current educational practices, educators must be knowledgeable about inclusion and about resources that can provide them with additional information and support. The materials included in this resource packet do not focus on whether inclusion is beneficial for children with and without disabilities. Rather, they have been chosen to present a variety of perspectives and information for individuals and organizations implementing inclusive programs.

This Resource Packet — an update and further development of the previous NECTAS resource collection, *Including Young Children With Disabilities in Community Settings: A Resource Packet* (1996) — is organized in four sections:

- **Section I** presents varied perspectives on serving preschool-age children with disabilities in settings with their peers.
- **Section II** provides resources to support those who are developing policies for or are working directly with preschool-age children with special needs and their families.
- **Section III** gives the reader an overview of federal legislation and court rulings in support of inclusion.
- **Section IV** compiles a variety of resources — including listings and descriptions of organizations and projects that support inclusion and a bibliography — that support inclusive programs and practices.
- **Section V** is the complete text of the *Resources Supporting Inclusion in Early Childhood*, which provides descriptions of and order information for more than 100 products developed by OSEP-funded early childhood projects to support inclusion.

Although this Resource Packet is not copyrighted, many of the materials presented in the packet are copyrighted and may not be further reproduced without express permission of the copyright holders. Please refer to the permission statement at the bottom of each reproduced resource for more information.

Section I:
Perspectives on Inclusion

- "Position on Inclusion"
  Division for Early Childhood of the Council for Exceptional Children (1993)
- "A Parent's Perspective"
  (Dees, March 1999)

BEST COPY AVAILABLE

Position on Inclusion

Division for Early Childhood of the Council for Exceptional Children

Adopted: April 1993
Revised: December 1993
Reaffirmed: 1996

Inclusion, as a value, supports the right of all children, regardless of their diverse abilities, to participate actively in natural settings within their communities. A natural setting is one in which the child would spend time had he or she not had a disability. Such settings include but are not limited to home and family, play groups, child care, nursery schools, Head Start programs, kindergartens, and neighborhood school classrooms.

DEC believes in and supports full and successful access to health, social service, education, and other supports and services for young children and their families that promote full participation in community life. DEC values the diversity of families and supports a family guided process for determining services that are based on the needs and preferences of individual families and children.

To implement inclusive practices DEC supports: (a) the continued development, evaluation, and dissemination of full inclusion supports, services, and systems so that options for inclusion are of high quality; (b) the development of preservice and inservice training programs that prepare families, administrators, and service providers to develop and work within inclusive settings; (c) collaboration among all key stakeholders to implement flexible fiscal and administrative procedures in support of inclusion; (d) research that contributes to our knowledge of state of the art services; and (e) the restructuring and unification of social, education, health, and intervention supports and services to make them more responsive to the needs of all children and families.

Endorsed by National Association for the Education of Young Children (NAEYC): April 1994, April 1998

Permission to Copy Not Required — Distribution Encouraged

Reprinted from: Division for Early Childhood of the Council for Exceptional Children. (1993). Position on inclusion [On-line]. Available: http://www.dec-sped.org/positions/inclusio.html

A Parent's Perspective

Christy Dees

Count Me In...
from the beginning

The road to full inclusion for all children begins at birth. When a child is born with a disability, the family may believe they have to give up all aspects of the dream for their child. The Individuals with Disabilities Education Act (IDEA) defines a system of services and delivery options that is designed to enhance the family's ability to provide the necessary supports their child needs without altering the family or the way the family chooses to live their lives. When families are required to dramatically change their normal routine in order to access services, the additional stress that this promotes in their lives becomes yet another barrier to their ability to cope. For children, it means that they must begin life outside the mainstream, perhaps never getting "IN".

Why Do I Need "the System" to Change

Because...

"Relying on parents to impact the system *one child at a time* is just not getting us anywhere. The barriers are so numerous, only the most knowledgeable and aggressive parents are able to put enough pressure on *the system* to get their child into a regular education classroom. Of these few children, many do not have the support and services necessary to succeed in that educational setting."

BARRIERS

* **Attitude**
* **Policy**
* **Awareness**
* **Cost**
* **Resources**
* **Turf**
* **Collaboration/Respect**
* **Lack of Understanding**
* **Control and Supervision**
* **Fear**
* **Provider Preparedness**
* **Less Intense Services**

Christy Dees

How Can You Help Me Change My World?

"Share my vision for my child. I will weigh every decision we make in an IFSP or IEP meeting against whether or not I believe it will make our vision a reality."

Strategies for Change

* **Statewide commitment to inclusive practices**
* **Change policy**
* **Facilitate change in attitudes**
* **Formalized community collaboration**
* **Establish a local vision statement**
* **Administrative support**
* **Ongoing training and consultation**
* **Cross training**
* **Joint training**
* **Provide opportunities**
* **Parents as trainers and participants**
* **Respect**

Christy Dees

How Does Your System ...

... support the family's ability to be full/equal participants on the IFSP/IEP team?

... prepare the family for their child's assessment?

... incorporate family input in their child's assessment?

... determine who is on the IFSP/IEP team?

... react when a family brings an advocate to the IFSP/IEP meeting?

... determine the supports and services necessary to include children in a regular classroom?

... achieve ongoing communication with parents?

... ensure success?

Christy Dees

"I was amazed at how much progress my child made when his early intervention services were relevant to his every day life!

"I see my vision for my child becoming a reality as he goes to classes with his age-appropriate peers and participates in every day life in the community."

Christy Dees has been the Family Services and Policy Specialist with the Texas Interagency Council on Early Childhood Intervention since 1988. Ms. Dees was responsible for the development of state policies and procedures which brought Texas early intervention providers in compliance with federal regulations with regard to the provision of services in natural environments. A nationally recognized presenter on family-professional collaboration, educational transitions, and natural environments, she is also a parent of 18-year old Brandon and 13-year old Ryan, both of whom have disabilities. Both were counted "IN"..... *from the beginning.*

Christy Dees
Texas Interagency Council on Early Childhood Intervention
4900 N. Lamar Blvd.
Austin, TX 78717
(512) 424-6776
cdee@eci.state.tx.us

Duplication of materials permissible

Section II:
Inclusive Strategies and Practices

- "Integrating Children With Disabilities Into Preschool"
  (Diamond, Hestenes, & O'Connor) (*ERIC Digest*, EDO-PS-94-10, June 1994)
- "Mainstreaming in Early Childhood Programs: Current Status and Relevant Issues"
  (Wolery, Holcombe, Venn, Brookfield, Huffman, Schroeder, Martin, & Fleming; 1993) (*Young Children*, *49*(1), 78-84)
- "National Perspectives of Inclusive Programs With Emphasis on Curriculum and Instruction"
  (Wolery, 1997)
- "Research-to-Practice in Inclusive Early Childhood Education"
  (Jones & Rapport) (*Teaching Exceptional Children*, Nov/Dec 1997, 57-61)
- "Perspectives on Becoming a Consulting Therapist"
  (Hanft, March 4, 1995)
- "We Can: Pioneers of Blending Early Childhood Services Advise Head Start on Blending Techniques"
  (Rosenkoetter) (*Children and Families*, Winter 1999, 17-25)
- *Me, Too! Inside Preschool Inclusion* — Briefs from The Early Childhood Research Institute on Inclusion (ECRII) (1998)

BEST COPY AVAILABLE

Integrating Children With Disabilities Into Preschool

Karen E. Diamond, Linda L. Hestenes, & Caryn O'Connor

EDO-PS-94-10; June 1994

These days, community preschool programs are increasingly likely to have at least one child with disabilities in their classes. Although providing early intervention to children with disabilities in an inclusive or integrated environment designed to meet the needs of all children is commonly regarded as best practice (Salisbury, 1991), concerns are sometimes raised about the ability of preschool programs to meet the needs of children developing normally as well as those with developmental delays. This digest examines research on preschool programs that include children both with and without disabilities.

Appropriateness for Children With Disabilities

An assumption in some early childhood special education programs is that children's disabilities prevent them from taking advantage of the experiences that promote typical child development. Recent research suggests that this assumption may not be valid. Lamorey and Bricker, for example, in a study of integrated programs (Peck et al., 1993, p.249-270), found that children with disabilities enrolled in integrated early childhood programs demonstrated higher levels of social play and more appropriate social interactions, and were more likely to initiate interactions with peers than children in self-contained special education preschool classes. Children with disabilities in integrated classes make gains in language, cognitive, and motor development that are comparable to peers in self-contained special education classrooms (Fewell & Oelwein, 1990).

Children with disabilities also display more advanced play in inclusive settings than they do in self-contained classrooms. However, Odom and Brown, in a discussion of social interaction skills interventions (Peck et al., 1993, p.39-64), note that even in inclusive settings, young children with disabilities are more likely to engage in noninteractive play, are less likely to participate in play groups, and are chosen as playmates less frequently than are their peers without disabilities.

Some research suggests that it is the type of learning experiences that are provided rather than the type of classroom setting (integrated or segregated) that is critical in fostering children's development. Mahoney and his colleagues (Mahoney & Powell, 1988; Mahoney et al., 1992) found that children with disabilities were more likely to initiate play activities and communications with their peers in settings where the adults displayed responsive and child-oriented teaching styles than in classes where adults used directed and instructionally oriented styles. Results of another study indicated that child-directed teaching strategies resulted in greater gains in communication skills for children with severe disabilities than did direct instruction (Yoder et al., 1991). The teaching practices described in these studies are compatible with developmentally appropriate teaching practices common in regular early childhood education programs.

Integrated Programs and Children Without Disabilities

The results of several studies suggest that children without disabilities benefit from integrated classes that also address the needs of children with disabilities. Normally developing children enrolled in integrated programs make developmental gains at least equivalent to those made by their peers in nonintegrated programs (Odom & McEvoy, 1988).

Reprinted from: Diamond, K. E., Hestenes, L. L., & O'Connor, C. (1994). Integrating children with disabilities into preschool (*ERIC Digest*) (ERIC Document Reproduction Service No. EDO-PS-94-10) [On-line]. Available: http://www.purchase.edu/children/world/diamon94.html

Parents and teachers believe that integrated programs offer additional benefits for children without disabilities. Parents have reported that normally developing children enrolled in integrated settings displayed less prejudice and fewer stereotypes, and were more responsive and helpful to others, than were children in other settings (Peck et al., 1992). Teachers have reported that children without disabilities became increas-ingly aware of the needs of others when they were enrolled in a class including a child with a severe disability (Giangreco et al., 1993). While these findings are not based on direct observations but on teachers' and parents' perceptions, they emphasize the potential social benefits of integration for children without disabilities.

Administrative Structure of Integrated Programs

Administrative characteristics of successfully integrated programs, according to Peck, Furman, and Helmstetter as reported in Peck et al. (1993, p.187-205), are based on a philosophy that emphasizes the acceptance of diversity and that places value on the program's role in and participation in its community. The implementation of specialized interventions within naturally occurring situations without disrupting the curriculum and educational routines of the early childhood classroom was also an important factor in ensuring the success of an integrated program.

Peck, Furman, and Helmstetter found that the progress made by individual children in meeting developmental goals was not a critical factor in determining whether or not a program remained integrated. Rather, the major reasons integrated childhood programs did not survive (that is, be-came resegregated) were related to the struggles between professionals over issues such as management of time during the school day, types of class-room activities, and intervention strategies. In other studies, teachers emphasized the need for goals shared with special education and support personnel (Giangreco et al., 1993; Rose & Smith, 1993).

Naturalistic Teaching Strategies

In addition to good administration, appropriate teaching strategies are an important component of a successfully integrated early childhood program. Recent research suggests that naturalistic teaching strategies provide an approach for implementing intervention within regular classroom routines (Bricker & Cripe, 1992). In naturalistic approaches, intervention is provided within the context of naturally occurring activities in the child's environment. Activity-based Intervention is one such approach. (Although not discussed here, milieu language teaching and transactional intervention are other such approaches.) Naturalistic intervention strategies reflect practices grounded in theories of Piaget, Vygotsky, and Dewey, and complement the developmentally appropriate practice model used in early childhood classrooms. Naturalistic intervention illustrates the principle of nonintrusive individual instruction as applied in an integrated preschool classroom. The goal of activity-based intervention is to develop functional and generalizable skills. Functional skills are those that allow children to negotiate through their environments in ways that are satisfying and encourage independence, such as learning to request juice at snack time. Generalizable skills are those that can be practiced and used in many different settings (Bricker & Cripe, 1992).

In activity-based intervention strategies, teachers consider how children's goals can be included in each classroom activity. An activity such as snack time provides opportunities for working on eating independently (a self-help goal), pouring juice (a fine motor goal), and requesting a food item (a communication goal). Teachers are responsible for preparing an environment that is stimulating for all children, not just those without disabilities. Regular and ongoing evaluation of each child's progress in meeting individual goals is also a critical component of activity-based intervention and other naturalistic approaches.

Implications of Integrated Programs

Knowledge about the ways in which integrated programs can meet the needs of children and parents for high-quality early childhood education has grown significantly in the past 10 years. The active involvement of parents, regular and special education teachers, and administrators is now viewed as crucial in developing successful integrated preschool programs. Most regular education preschool teachers believe they are able to meet the needs of children with disabilities in their classes when intervention is supportive of their expertise and respects the educational approaches of the regular classroom.

New teaching strategies are being developed that meet the individualized needs of children with disabilities in inclusive classes. Researchers, parents, and practitio-

ners are beginning to understand that participation in an inclusive preschool classroom influences nondisabled children's understanding of disabilities and sensitivity to their peers. The task now before the early childhood community is to find the best ways to provide education that is respectful of the talents and needs of individual children, parents, and teachers.

(Adapted from: Diamond, Karen E., Linda L. Hestenes, and Caryn E. O'Connor. (1994). Integrating Young Children with Disabilities in Preschool: Problems and Promise. *Young Children* 2, Jan): 68-75. PS 521 662.)

For More Information

Bricker, D. D. and J. J. Cripe. (1992). *An Activity-based Approach to Early Intervention*. Baltimore: Paul H. Brookes.

Fewell, R. R. and P. L. Oelwein. (1990). The Relationship between Time in Integrated Environments and Developmental Gains in Young Children with Special Needs. *Topics in Early Childhood Special Education 10*(2, Summer): 104-116. EJ 413 316.

Giangreco, M., R. Dennis, C. Coninger, S. Edelman, and R. Schattman. (1993). "I've Counted Jon": Transformational Experiences of Teachers Educating Students with Disabilities. *Exceptional Children 59*(4, Feb): 359-372. EJ 459 583.

Mahoney, G. and A. Powell. (1988) Modifying Parent-Child Interaction: Enhancing the Development of Handicapped Children. *Journal of Special Education 22*(1, Spring): 82-96.EJ 373 542.

Mahoney, G., C. Robinson, and A. Powell. (1992). Focusing on Parent-Child Interaction: The Bridge to Developmentally Appropriate Practices. *Topics in Early Childhood Special Education 12*(1, Spring): 105-120. EJ 449 978.

Odom, S.L. and M. McEvoy. (1988). Integration of Young Children with Handicaps and Normally Developing Children. In S. Odom and M. Karnes, Eds. *Early Intervention for Infants and Children with Handicaps: an Empirical Base*. 241-248. Baltimore: Brookes.

Peck, C.A., P. Carlson, and E. Helmstetter. (1992). Parent and Teacher Perceptions of Outcomes for Typically Developing Children Enrolled in Integrated Early Childhood Programs: A Statewide Study. *Journal of Early Intervention 16*(1, Winter):53-63. EJ 445 822.

Peck, C.A., S.L. Odom, and D.D. Bricker. (Eds.). (1993). *Integrating Young Children with Disabilities into Community Programs*. Baltimore: Paul H. Brookes. ED 352 773. Not available from EDRS.

Rose, D.F. and B.J. Smith. (1993). Preschool Mainstreaming: Attitude Barriers and Strategies for Addressing Them. *Young Children 48*(4, May): 59-62. EJ 463 003.

Salisbury, C.L. (1991). Mainstreaming during the Early Childhood Years. *Exceptional Children 58*(2,Oct-Nov): 146-155. EJ 437 653.

Yoder, P.J., A.P. Kaiser, and C.L. Alpert. (1991). An Exploratory Study of the Interaction between Language Teaching Methods and Child Characteristics. *Journal of Speech and Hearing Research 34*(Feb): 155-167. EJ 427 098.

References identified with an ED (ERIC document), EJ (ERIC journal), or PS number are cited in the ERIC database. Most documents are available in ERIC microfiche collections at more than 825 locations worldwide, and can be ordered through EDRS: (800)443-ERIC. Journal articles are available from the original journal,interlibrary loan services, or article reproduction clearinghouses, such as: UMI (800) 732-0616; or ISI (800) 523-1850.

This publication was prepared with funding from the Office of Educational Research and Improvement, U.S. Department of Education, under OERI contract no. DERR93002007. The opinions expressed in this report do not necessarily reflect the positions or policies of OERI or the Department of Education. ERIC digest are in the public domain and may be freely reproduced and disseminated.

Research Report

Mainstreaming in Early Childhood Programs: Current Status and Relevant Issues

Mark Wolery, Ariane Holcombe, Martha L. Venn, Jeffri Brookfield, Kay Huffman, Carol Schroeder, Catherine G. Martin, and Lucy A. Fleming

Enrolling children with special needs in programs designed for typically developing children has been studied for 20 years. This practice, called *mainstreaming*, is based on several rationales. Mainstreaming is thought to (a) help children learn about diversity among individuals, (b) help children develop positive attitudes toward people with disabilities, (c) provide competent role models for children with special needs, (d) provide opportunities for typically developing children to learn altruistic skills, (e) provide children with special needs with real-life experiences similar to those of their peers, (f) provide supportive learning environments for children with special needs, and (g) allow communities to use their early education resources efficiently by limiting the need for specialized programs (Bricker, 1978; Peck & Cooke, 1983). Model mainstreamed programs have been described (Hoyson, Jamieson, & Strain, 1984; Rule et al., 1987; Templeman, Fredericks, & Udell, 1989), and research has accumulated on "best practices" in early childhood mainstreaming (Odom & McEvoy, 1988; Peck, Odom, & Bricker, 1993). Also, parents of young children with and without disabilities favor mainstreaming (Bailey & Winton, 1987; Miller et al., 1992).

Justification exists for mainstreaming in early childhood programs, model programs have been effective, family members are generally supportive, and guidance exists on how to mainstream. Little information is available, however, on the status of mainstreaming in early childhood programs as it occurs throughout the nation. Several questions are relevant, such as,

- Are early childhood programs enrolling children with disabilities?
- What preparation in early childhood mainstreaming do early childhood educators receive?

Mark Wolery, *Ph.D., is senior research scientist at the Allegheny-Singer Research Institute and co-editor of the forthcoming NAEYC research monograph,* Inclusion of Children With Special Needs in Early Care and Education Settings.

Ariane Holcombe, *M.S., is project associate for the early childhood intervention program at the Allegheny-Singer Research Institute.*

Martha L. Venn *is a doctoral student at the University of Illinois.*

Jeffri Brookfield *is a research scientist at the Allegheny-Singer Research Institute.*

Kay Huffman *is a preschool teacher with the Danville public schools in Danville, Kentucky.*

Carol Schroeder, *M.Ed., is a program specialist with the Kentucky Early Intervention System (KEIS) Technical Assistance Team at the University of Kentucky in Lexington.*

Catherine G Martin, *M.M.E., is a registered music therapist and a student at Southeast Missouri State University.*

Lucy A. Fleming, *Ed.D., is a communication/developmental therapist at the Association for Retarded Citizens in Allegheny County, Pennsylvania.*

This report was supported by the U.S. Department of Education, Office of Special Education and Rehabilitative Services, Early Education Program for Children with Disabilities (Research Institute on Preschool Mainstreaming, Grant Number H024K90005). The opinions expressed, however, do not necessarily reflect the policy of the U.S. Department of Education, and no official endorsement should be inferred. The authors are grateful for the assistance provided by Dr. Donald Cross, chair of the Department of Special Education, University of Kentucky, Lexington, Kentucky; Dr. Phillip S. Strain, director, and Angel Wu, system analyst of the early childhood intervention program, Allegheny-Singer Research Institute, Pittsburgh, Pennsylvania.

This Research Report column was edited by ***Laura E. Berk,*** *Ph.D., professor of psychology at Illinois State University.*

Reprinted with permission from Wolery, M., Holcombe, A., Venn, M. L., Brookfield, J., Huffman, K., Schroeder, C., Martin, C. G., & Fleming, L. A. (1993). Mainstreaming in early childhood programs: Current status and relevant issues. *Young Children, 49*(1), 78-84. No further reproduction is permitted without express permission of the copyright holders.

BEST COPY AVAILABLE

• What benefits of and barriers to mainstreaming do early childhood personnel report?

• What perceptions exist about the adaptability of various classroom activities and areas for children with special needs?

• Do early childhood program staff represent various disciplines?

To obtain answers to these and other questions, we mailed surveys to the following groups:

• faculty in colleges and universities who prepare early childhood educators,

• personnel in Head Start programs,

• personnel in community child care centers and preschool programs,

• personnel in public school kindergartens, and

• personnel in public school prekindergartens.

In each survey, researchers selected the respondents randomly from a larger mailing list purchased from Market Data Retrieval System of Shelton, Connecticut. The number of people to whom questionnaires were sent was proportional to the number of children five years of age and younger in each geographic region of the United States, based on 1987 census data.

The majority of the faculty members surveyed held doctoral degrees and divided fairly evenly by rank—assistant, associate, and full professors (Wolery, Brookfield, et al., in press). In the other groups, the majorities were as follows: Head Start respondents—coordinators; community child care centers and preschool respondents—directors; and public school kindergarten and prekindergarten respondents—direct-service providers, such as teachers (Wolery, Holcombe, et al., in press). The respondents from the early childhood programs averaged 12.6 or more years of experience in early childhood settings. Across the program types, 91.7% of the children served were divided into three age groups: three-year-olds (17.6%), four-year-olds (44.3%), and five-year-olds (29.8%).

© Subjects & Predicates

Findings

This section describes the findings from the survey for the questions listed earlier. Cited reports explain these findings in more detail.

Enrollment of children with disabilities

We asked the four preschool groups to record the diagnoses and ages of children with disabilities enrolled in their programs during the 1989–1990 school year and to indicate if they had enrolled a child with a diagnosed disability during each of the four previous years (Wolery, Holcombe, et al., in press). Three findings emerged:

1. Across the four program types, the percentage of programs that reportedly enrolled children with diagnosed disabilities increased during the five years studied. During the 1985–1986 school year, 37.5% of all responding programs reported enrolling at least one child with disabilities; for the 1989–1990 school year, 74.2% of the responding programs reported doing so.

2. During the 1989–1990 school year, a majority of the responding programs in each type of program reported enrolling a child with disabilities (i.e., 94% of Head Start programs, 59.2% of community programs, 81.5% of public kindergartens, and 73% of public prekindergartens). Because only programs mainstreaming children with disabilities may have responded to the survey, researchers divided the number of respondents who reported enrolling a child with disabilities by the total number of programs to which questionnaires were mailed. These calculations indicated that 42.7% of the Head Start, 32.1% of the community, 49.8% of the kindergarten, and 32% of the prekindergarten programs enrolled at least one child with disabilities.

3. Programs reported enrolling children with certain disabilities more than they do children with other disabilities. Across the four child care groups, 57.5% of the programs enrolled children with speech/language impairments, 30.6% with developmental delays, 24.1% with behavior disorders, and 20.8% with physical handicaps. Less than 15% of the programs enrolled children with mild mental retardation, moderate to severe mental retardation, visual impairments, hearing impairments, and autism.

Taken together, these data indicate that progressively larger numbers of programs were enrolling children with disabilities, that a large percentage of programs do so already, and that child care programs enroll children with certain disabilities more frequently than they do children with other disabilities.

This study found that more early childhood programs of various types are enrolling children with diagnosed handicaps than did five years ago.

Preparation of early childhood educators

The faculty survey provided three findings about the preparation for special education and early childhood mainstreaming provided to early childhood educators (Wolery, Brookfield, et al., in press):

1. Across the degrees offered (associate, bachelor's, and master's), programs were more likely to require one or two courses in special education than to require more than two courses. About 44% of the associate-, 61% of the bachelor's-, and 25% of the master's-degree programs required one or two courses in special education, and fewer than 15% of the programs at any degree level required more than two courses.

2. A minority of the programs required courses in early childhood mainstreaming—about 22% of the associate-, 35% of the bachelor's-, and 20% of the master's-degree programs.

3. Although at least 70% of the faculty reported that field experiences at mainstreamed sites were available for their students, fewer than 25% of the programs at any degree level required such training. About 39% of the associate-, 58% of the bachelor's-, and 37% of the master's-degree programs reported, however, that a majority of their students acquired mainstreaming field experiences.

Perceived benefits of and barriers to preschool mainstreaming

All surveys asked respondents to list up to three benefits of and barriers to mainstreaming in early childhood programs. Surveyed faculty members in colleges and universities listed 10 categories of benefits (Wolery, Huffman, Holcombe, et al., in press), and the child care groups listed 13 categories (Wolery, Huffman, Brookfield, et al., 1992). Across all five groups, however, the two benefits cited most frequently were that (a) exposure to one another results in children with and without disabilities learning to accept differences; and (b) mainstreaming provides more normalized experiences and opportunities for socialization for children with disabilities. Responses from early childhood personnel who reported enrolling children with disabilities and those who did not revealed minimal differences. Each of the groups noted many other benefits, identified by Bricker (1978) and Peck and Cooke (1983) and listed earlier in this article.

Faculty members named 10 categories of barriers to mainstreaming in early childhood programs (Wolery, Huffman, Holcombe, et al., in press), and the child care respondents listed nine (Wolery, Huffman, Brookfield, et al., 1992). At least 15% of the responding faculty and child care groups concurred on five barriers, listed here in their order of occurrence:

1. untrained staff and lack of consultation (ranked first by faculty and second by child care respondents);

2. inadequate staff–child ratios (ranked second by faculty and first by child care respondents);

3. objections of parents, teachers, and administrators (ranked third by faculty and fifth by child care respondents);

4. lack of funds, space, equipment, and transportation (ranked fourth by both faculty and child care respondents); and

5. architectural or structural restrictions (ranked fifth by faculty and third by child care respondents).

The percentages of child care respondents listing each of these barriers did not differ substantially whether or not they enrolled a child with disabilities. These data seem to indicate that faculty members who prepare early childhood educators and early childhood educators themselves recognize a number of benefits of mainstreaming in early childhood programs. Many of the benefits resemble those that have been reported elsewhere (Bricker, 1978; Peck & Cooke, 1983). The respondents also listed a number of major barriers, but some barriers that had been identified by others, such as negative staff attitudes and philosophical differences (Odom & McEvoy, 1990), were listed infrequently.

Adapting classroom activities and areas for children with disabilities

To determine classroom activities and areas available in the programs, we asked respondents to identify activities and areas they used on a regular basis (three or more times a week) and then to rate how difficult adaptations

Only about 44% of the associate-degree early childhood programs, 61% of the bachelor's-degree programs, and 25% of the master's-degree programs offer one or two courses in special education. A minority of the programs require courses in early childhood mainstreaming.

© Nancy P. Alexander

for children with disabilities would be. The rating used a four-point scale: (a) easy, (b) moderately easy, (c) difficult, and (d) impossible to adapt. Three findings are relevant:

1. Mainstreamed programs reported using a wider range of activities than did nonmainstreamed programs.

2. Mainstreamed programs rated activities and areas as more easily adapted to accommodate children with disabilities than did nonmainstreamed programs.

3. Respondents from both mainstreamed and nonmainstreamed programs tended to rate activities as *easy* to *moderately easy* to adapt (Wolery, Schroeder, et al., 1992).

These data seem to indicate that (a) enrolling children with disabilities does not result in a restricted range of classroom activities and areas, and (b) early childhood educators perceive classroom activities and areas as relatively easy to adapt for children with disabilities.

Employing members from various disciplines

Researchers recognize that providing early intervention for many young children with disabilities requires a team of professionals (Odom & McEvoy, 1990); therefore, we asked the four child care groups to indicate whether they employed members from various disciplines on a full-time or part-time/consultant basis. Five findings surfaced:

1. More mainstreamed programs than nonmainstreamed programs within each group employed specialists (Wolery, Venn, Holcombe, et al., 1992).

2. More programs reported enrolling children with disabilities than reported employing—even on a part-time/consultant basis—special educators (Wolery, Martin, et al., in press); speech/language pathologists (Wolery, Venn, Schroeder, et al., in press); or psychologists, physical therapists, and occupational therapists (Wolery, Venn, Holcombe, et al., 1992).

3. More programs in each group reported enrolling children with specific disabilities (e.g., speech-language impairments and physical disabilities) than reported employing a specialist from a related discipline (e.g., speech-language pathologist or physical or occupational therapist).

4. Higher percentages of the mainstreamed kindergartens employed specialists than did the other groups.

5. Fewer than 15% of the programs of any type employed a basic team of professionals including a special educator, general educator, speech-language pathologist, and physical or occupational therapist; and fewer than 21% of the programs employed a team consisting of an educator, speech-language pathologist, psychologist, and physical or occupational therapist (Wolery, Venn, Holcombe, et al., 1992).

These findings indicate that enrollment of children with disabilities likely will result in the employment of some specialists in a few programs; however, many early childhood educators have children with disabilities in their classrooms but do not have a team of professionals who can provide important consultative services.

Mainstreaming in early childhood programs appears to be occurring at relatively high levels; however, many early childhood educators appear to need support in fulfilling this responsibility. No discipline (including early childhood special education) adequately prepares its members to meet the needs of all children with special needs; high-quality early education of children with special needs requires a team of professionals from a variety of relevant disciplines.

Available Resources on Young Children With Special Needs

Quarterly periodicals

Infants and Young Children. Published by Aspen Publications, 7201 McKinney Circle, Frederick, MD 21701

Journal of Early Intervention (formerly *Journal of the Division for Early Childhood*). Published by the Division for Early Childhood of the Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091

Topics in Early Childhood Special Education. Published by PRO-ED, 8700 Shoal Creek Boulevard, Austin, TX 78758

Recent texts in early childhood special education

Allen, K.E. (1992). *Mainstreaming in early childhood education.* Albany, NY: Delmar.

Bailey, D.B., & Wolery, M. (1989). *Assessing infants and preschoolers with handicaps.* Columbus, OH: Merrill.

Bailey, D.B., & Wolery, M. (1992). *Teaching infants and preschoolers with disabilities* (2nd ed.). New York: Macmillan.

Barnett, D.W., & Carey, K.T. (1992). *Designing interventions for preschool learning and behavior problems.* San Francisco: Jossey-Bass.

Benner, S.M. (1992). *Assessing young children with special needs: An ecological perspective.* White Plains, NY: Longman.

Bricker, D., & Cripe, J.J.W. (1992). *An activity-based approach to early intervention.* Baltimore: Paul H. Brookes.

Meisels, S.J., & Shonkoff, J.P. (1990). *Handbook of early childhood intervention.* New York: Cambridge University Press.

Odom, S.L., & Karnes, M.B. (1988). *Early intervention for infants and children with handicaps: An empirical base.* Baltimore: Paul H. Brookes.

Odom, S.L., McConnell, S.R., & McEvoy, M.A. (1992). *Social competence of young children with disabilities: Issues and strategies for intervention.* Baltimore: Paul H. Brookes.

Peck, C.A., Odom, S.L., & Bricker, D. (1993). *Integrating young children with disabilities into community programs: Ecological perspectives on research and implementation.* Baltimore: Paul H. Brookes.

Safford, P.L. (1989). *Integrated teaching in early childhood: Starting in the mainstream.* White Plains, NY: Longman.

Striefel, S., Killoran, J., & Quintero, M. (1991). *Functional integration for success: Preschool intervention.* Austin, TX: PRO-ED.

Warren, S.F., & Reichle, J. (1992). *Causes and effects in communication and language intervention.* Baltimore: Paul H. Brookes.

Wolery, M., Ault, M.J., & Doyle, P.M. (1992). *Teaching students with moderate and severe disabilities: Use of response prompting strategies.* White Plains, NY: Longman.

Discussion

From these surveys a mixed picture of the current status of mainstreaming in early childhood programs emerges. On the positive side, many early childhood programs of various types report enrolling children with disabilities, they perceive many benefits to such enrollment, and they perceive the classroom activities and areas as relatively easy to adapt for children with disabilities. Further, in some college and university training programs, early childhood educators receive training in special education and early childhood mainstreaming and have field experiences at mainstreamed sites. On the negative side, however, respondents reported that some formidable barriers to early childhood mainstreaming exist, such as lack of consultation and training, high child–teacher ratios, and lack of funds. Also, a low percentage of mainstreamed programs employ teams of professionals with expertise in various disciplines. Finally, early childhood educators may graduate from college or university programs without any training in special education and mainstreaming in early childhood programs, or without field experiences at mainstreamed sites.

Mainstreaming in early childhood programs thus appears to be occurring in a high percentage of programs; however, many early childhood educators appear to need support in fulfilling this responsibility. No discipline (including early childhood special education) adequately prepares its members to meet the needs of all children with special needs; high-quality early education of children with special needs requires a team of professionals from a variety of relevant disciplines (Wolery, Strain, & Bailey, 1992). The responsibility for planning and executing an early education program for children with special needs, therefore, should not rest solely upon early childhood educators. They must receive assistance from individuals with training in other areas, such as early childhood special education, speech-language pathology, physical and occupational therapy, and so forth. Although ready and inexpensive solutions to the lack of related service personnel are far from obvious, this need remains a policy priority if children are to experience the benefits of mainstreaming.

1. Mainstreamed programs reported using a wider range of activities than did nonmainstreamed programs.
2. Mainstreamed programs rated activities and areas as more easily adapted to accommodate children with disabilities than did nonmainstreamed programs.
3. Respondents from both mainstreamed and nonmainstreamed programs tended to rate activities as *easy* to *moderately easy* to adapt for children with disabilities.

Beyond securing assistance from various related disciplines, early childhood educators need training. Many college and university programs should be revised to include content from general and special early childhood education (Odom & McEvoy, 1990), and ongoing in-service and staff-development programs should be provided (Klein & Sheehan, 1987). Such staff-development programs should include information on children with disabilities, instructional practices for children with special needs, and curricular adaptations for such children. In addition to these measures, other resources are available to teachers. In all states, the state educational agency bears a responsibility for providing a free, appropriate, public education for children with special needs from three to five years of age. Teachers and program leaders should contact their state departments of education for assistance and training. Some professional organizations, in their state and national meetings, also regularly include information on serving young children with disabilities. The Division of Early Childhood of the Council for Exceptional Children, for example, holds an annual conference solely devoted to improving the quality of services for young children with special needs. Some other organizations are the American Speech and Hearing Association, the American Physical Therapy Association, and the American Association of Occupational Therapists. Finally, several periodicals and recent texts address issues related to teaching young children with special needs (see *Available Resources on Young Children With Special Needs* on p. 69).

In summary, the results of these surveys suggest that substantial mainstreaming is occurring in early childhood programs and that the participants believe it may produce a number of positive benefits. The major task before the fields of early childhood education and early childhood special education is to ensure that the staff in programs where mainstreaming is occurring receive the support needed to provide appropriate, high-quality early education experiences for all children.

© Jim Bradshaw

The major task before the fields of early childhood education and early childhood special education is to ensure that the staff in programs where mainstreaming is occurring receive the support needed to provide appropriate, high-quality early education experiences for all children.

BEST COPY AVAILABLE

References

Bailey, D.B., & Winton, P.J. (1987). Stability and change in parents' expectations about mainstreaming. *Topics in Early Childhood Special Education, 7*(1), 73–88.

Bricker, D. (1978). A rationale for the integration of handicapped and nonhandicapped preschool children. In M. Guralnick (Ed.), *Early intervention and the integration of handicapped and nonhandicapped children* (pp. 3–16). Baltimore: University Park Press.

Hoyson, M., Jamieson, B., & Strain, P.S. (1984). Individualized group instruction for normally developing and autistic-like children: The LEAP curriculum. *Journal of the Division for Early Childhood, 8*, 157–172.

Klein, N., & Sheehan, R. (1987). Staff development: A key issue in meeting the needs of young handicapped children in day care settings. *Topics in Early Childhood Special Education, 7*(1), 13–27.

Miller, L.J., Strain, P.S., Boyd, K., Hunsicker, S., McKinley, J., & Wu, A. (1992). Parental attitudes toward integration. *Topics in Early Childhood Special Education, 12*, 230–246.

Odom, S.L., & McEvoy, M.A. (1988). Integration of young children with handicaps and normally developing children. In S.L. Odom & M.B. Karnes (Eds.), *Early intervention for infants and children with handicaps: An empirical base* (pp. 241–268). Baltimore: Paul H. Brookes.

Odom, S.L., & McEvoy, M.A. (1990). Mainstreaming at the preschool level: Potential barriers and tasks for the field. *Topics in Early Childhood Special Education, 10*(2), 48–61.

Peck, C.A., & Cooke, T. (1983). Benefits of mainstreaming at the early childhood level: How much can we expect? *Analysis and Intervention in Developmental Disabilities, 3*, 1–22.

Peck, C.A., Odom, S.L., & Bricker, D. (1993). *Integrating young children with disabilities into community programs: Ecological perspectives on research and implementation*. Baltimore: Paul H. Brookes.

Rule, S., Stowitschek, J.J., Innocenti, M., Striefel, S., Killoran, J., Swezey, K., & Boswell, C. (1987). The social integration program: An analysis of the effects of mainstreaming handicapped children into day care centers. *Education and Treatment of Children, 10*, 175–192.

Templeman, T.P., Fredericks, H.D., & Udell, T. (1989). Integration of children with moderate and severe handicaps into a day care center. *Journal of Early Intervention, 13*, 315–328.

Wolery, M., Strain, P.S., & Bailey, D.B. (1992). Reaching potentials of children with special needs. In S. Bredekamp & T. Rosegrant (Eds.), *Reaching potentials: Appropriate curriculum and assessment for young children: Vol. 1* (pp. 92–111). Washington, DC: NAEYC.

Wolery, M., Brookfield, J., Huffman, K., Schroeder, C., Martin, C.G., Venn, M.L., & Holcombe, A. (in press). Preparation in preschool mainstreaming as reported by general early education faculty. *Journal of Early Intervention*.

Wolery, M., Huffman, K., Holcombe, A., Martin, C.G., Brookfield, J., Schroeder, C., & Venn, M.L. (in press). Preschool mainstreaming: Perceptions of barriers and benefits by faculty in general early education. *Teacher Education and Special Education*.

Wolery, M., Huffman, K., Brookfield, J., Schroeder, C., Venn, M.L., Holcombe, A., Fleming, L.A., & Martin, C.G. (in press). Benefits of and barriers to preschool mainstreaming: Perceptions of general early childhood educators. *Exceptional Children*.

Wolery, M., Martin, C.G., Schroeder, C., Huffman, K., Venn, M.L., Holcombe, A., Brookfield, J., & Fleming, L.A. (in press). Employment of educators in preschool mainstreaming: A survey of general early educators. *Journal of Early Intervention*.

Wolery, M., Schroeder, C., Martin, C.G., Venn, M.L., Holcombe, A., Brookfield, J., Huffman, K., & Fleming, L.A. (1992). *Classroom activities and areas: Regularity of use and perceptions of adaptability by general early educators*. Manuscript submitted for publication.

Wolery, M., Venn, M.L., Holcombe, A., Brookfield, J., Martin, C.G., Huffman, K., Schroeder, C., & Fleming, L.A. (in press). Availability of related services in preschool mainstreaming: A survey of general early educators. *Exceptional Children*.

Wolery, M., Venn, M.L., Schroeder, C., Holcombe, A., Huffman, K., Martin, C.G., Brookfield, J., & Fleming, L.A. (in press). A survey of the extent to which speech-language pathologists are employed in preschool programs. *Language, Speech, and Hearing Services in Schools*.

Wolery, M., Holcombe, A., Brookfield, J., Huffman, K., Schroeder, C., Martin, C.G., Venn, M.L., Werts, M.G., & Fleming, L.A. (1993). The extent and nature of preschool mainstreaming: A survey of general early educators. *Journal of Special Education, 27*, 222–230.

For further reading

Brown, M., Althouse, R., & Anlin, C. (1993). Guided dramatization: Fostering social development in children with disabilities. *Young Children, 48*(2), 68–71.

Derman-Sparks, L., & the A.B.C. Task Force. (1989). *Anti-bias curriculum: Tools for empowering young children*. Washington, DC: NAEYC.

Fauvre, M. (1988). Including young children with "new" chronic illnesses in an early childhood education setting. *Young Children, 43*(6), 71–77.

Green, M., & Widoff, E. (1990). Special needs child care: Training is a key issue. *Young Children, 45*(3), 60–61.

Heitz, T. (1989). How do I help Jacob? *Young Children, 45*(1), 11–15.

Neugebauer, B. (Ed.). (1992). *Alike and different: Exploring our humanity with young children* (rev. ed.). Washington, DC: NAEYC.

Ross, H.W. (1992). Integrating infants with disabilities? Can "ordinary" caregivers do it? *Young Children, 47*(3), 65–71.

Souweine, J., Crimmins, S., & Mazel, C. (1981). *Mainstreaming: Ideas for teaching young children*. Washington, DC: NAEYC.

White, B.P., & Phair, M.A. (1986). "It'll be a challenge!": Managing emotional stress in teaching disabled children. *Young Children, 41*(2), 44–48.

Note: *Information on development of the questionnaire, mailing procedures, coding rules and reliability, return rates, descriptions of the respondents, and limitations of this survey are reported elsewhere (Wolery, Brookfield, et al., in press; Wolery, Holcombe, et al., in press); this article presents general information. Of 204 questionnaires mailed to faculty members, 65.2% were accounted for and 55.9% were coded (some were undeliverable or returned incomplete). Of 185 questionnaires mailed to Head Start programs, 51.9% were accounted for and 45.4% were coded. Of 302 questionnaires mailed to community child care centers and preschool programs, 62.3% were accounted for and 54.3% were coded. Of 203 questionnaires mailed to public school kindergartens, 68.5% were accounted for and 61.1% were coded. Of 203 questionnaires mailed to public school prekindergartens, 57.6% were accounted for and 54.7% were coded. Of the last group, 22 programs focused exclusively on children with disabilities, thus the analyses represent 43.8% of the questionnaires mailed to this group.*

Copyright © 1993 by the National Association for the Education of Young Children. See cover 2 for reprint information. [Volume 49, Number 1]

National Perspectives of Inclusive Programs With Emphasis on Curriculum and Instruction

1997

by Mark Wolery
Principal Investigator
Early Childhood Follow-Through Research Institute
Frank Porter Graham Child Development Center
University of North Carolina at Chapel Hill

General Findings From Research on Inclusive Preschools

1. Throughout the nation, a majority of the preschool programs for typically developing children (including public school kindergarten classes) enroll at least one child with disabilities (Werts et al., 1996; Wolery, Holcombe, et al., 1993)

2. For children with disabilities, no major differences appear to exist on general developmental outcomes between inclusive and segregated programs (Buysse & Bailey, 1993)

3. Children in inclusive preschools tend to have an advantage in social and behavioral areas over children in segregated programs (Buysse & Bailey, 1993).

4. Children with and without disabilities may or may not interact, converse, or play together in inclusive preschools, and children with disabilities may not imitate the adaptive behavior of their peers; such outcomes require careful structuring of the environment and use of specific instructional practices (see Peck, Odom, & Bricker, 1993; Wolery & Wilbers, 1993).

5. The quality of the inclusive services is an extremely important issue (Peck & Cooke, 1983; Bailey & Buysse, 1993), and some proposed dimensions of quality include (Strain et al., in press):
   a. Leadership related to program philosophy
   b. Ongoing staff development with follow-up in the classroom
   c. Careful selection of individualized goals, of intervention strategies, and implementation of strategies
   d. Implementation and effects of instruction are monitored and adjusted as needed
   e. Parents are supported and included in decisions
   f. Social, communicative, and imitative behavior is programmed if not highly evident
   g. Behavioral challenges are addressed using principles of behavioral support
   h. Curriculum and activities for typically developing children are of high quality (i.e., developmentally appropriate)

6. Many legitimate and difficult barriers exist to providing high-quality inclusive services (Wolery, Huffman, et al., 1994):
   a. lack of leadership
   b. lack of adequate training/preparation
   c. lack of consultation from specialists and experts
   d. high child to staff ratios
   e. lack of resources (materials, teaching assistants, etc.)

7. Across the nation, most preschool programs for typically developing children that include children with disabilities do not hire teachers with special education training (even on a part-time basis) (Wolery, Martin, et al., 1994) and relatively few have even part-time therapists (occupational therapists, physical therapists, speech-language pathologists) (McDonnell, Brownell, & Wolery, 1997; Wolery, Venn, et al., 1994).

8. General early childhood educators tend to rate activities as moderately easy to adapt for children with disabilities (Wolery, Schroeder, et al., 1994).

Providing Instruction in Inclusive Classes

1. Assessment practices that identify high-priority goals for children should be used; these include (McLean, Bailey, & Wolery, 1996):
   a. use of multiple assessment strategies (observation, interviews, testing);
   b. conduct of assessments in familiar contexts;
   c. involvement of families in planning and doing the assessments and making decisions from the results; and
   d. consideration of all environments in which children spend large amounts of time.

2. Instruction should be organized to ensure maximum success (Bricker & Cripe, 1992; Wolery & Wilbers, 1994). General guidelines include:
   a. Every activity and interaction should have a purpose.
   b. Establish a balance between promoting independence and encouraging participation.
   c. Every activity should be used to teach multiple high-priority skills.
   d. Every high-priority skill should be taught at multiple times throughout the day.
   e. The activity/routine by skill matrix can be used to organize instruction.

3. Guidelines for adapting activities to promote learning and participation in inclusive preschools include (Wolery & Wilbers, 1994):
   a. Embed instructional opportunities in multiple activities throughout the day (e.g., Chiara et al., 1995; Fox & Hanline, 1993).
   b. Embed instructional opportunities in single activities/routines (e.g., Venn et al., 1993).
   c. Change what children do in activities (McEvoy et al., 1988, Wolery et al., in press).
   d. Adapt materials and/or their access (Kaiser, Yoder, & Keetz, 1992; Rettig, Kallam, & McCarthy-Salm, 1993).

e. Use shorter but more frequent activities and routines (Azrin & Armstrong, 1973).
f. Change the rules of access to activities or areas (Jacobson, Bushell, & Risley, 1969; Rowbury, Baer, & Baer, 1976).
g. Change the social composition of groups or the social roles (Deklyen & Odom, 1989).
h. Teach peers to encourage and support new behavior by children with disabilities (Strain & Odom, 1986; Goldstein & Kaczmarek, 1992).
i. Add new activities and specific activities as needed.

References

Azrin, N. H., & Armstrong, P. M. (1973). The "mini-meal": A method for teaching eating skills to the profoundly retarded. *Mental Retardation, 11*, 9-13.

Bricker, D., & Cripe, J. (1992). *An activity-based approach to early intervention*. Baltimore: Paul Brookes.

Buysse, V., & Bailey, D. B. (1993). Behavioral and developmental outcomes in young children with disabilities in integrated and segregated settings: A review of comparative studies. *Journal of Special Education, 26*, 434-461.

Chiara, L., Schuster, J. W., Bell, J., & Wolery, M. (1995). Small-group massed-trial and individually distributed-trial instruction with preschoolers. *Journal of Early Intervention, 19*, 203-217.

Deklyen, M., & Odom, S. L. (1989). Activity structure and social interactions with peers in developmentally integrated play groups. *Journal of Early Intervention, 13*, 342-352.

Fox, L., & Hanline, M. F. (1993). A preliminary evaluation of learning within developmentally appropriate early childhood settings. *Topics in Early Childhood Special Education, 13*, 308-327.

Goldstein, H., & Kaczmarek, L. (1992). Promoting communicative interaction among children in integrated intervention settings. In S. F. Warren & J. Reichle (Eds.), *Causes and effects in communication and language intervention* (pp. 81-111). Baltimore: Paul Brookes.

Jacobson, J. M., Bushell, D., & Risley, T. R. (1969). Switching requirements in a Head Start classroom. *Journal of Applied Behavior Analysis, 2*, 43-47.

Kaiser, A. P., Yoder, P., & Keetz, A. (1992). Evaluating milieu teaching. In S. F. Warren & J. Reichle (Eds.), *Causes and effects in communication and language intervention* (pp. 9-47). Baltimore: Paul Brookes.

McDonnell, A. P., Brownell, K., & Wolery, M. (1997). Teaching experience and specialist support: A survey of preschool teachers employed in programs accredited by NAEYC. *Topics in Early Childhood Special Education, 17*, 263-285.

McEvoy, M. A., Nordquist, V. M., Twardosz, S., Heckman, K. A., Wehby, J. H., & Denny, R. K. (1988). Promoting autistic children's peer interaction in an integrated early childhood setting using affection activities. *Journal of Applied Behavior Analysis, 21*, 193-200.

McLean, M., Bailey, D. B., & Wolery, M. (Eds.) (1996). *Assessing infants and preschoolers with special needs* (2nd ed.). Columbus, OH: Merrill/Prentice Hall.

Peck, C. A., & Cooke, T. (1983). Benefits of mainstreaming at the early childhood level: How much can we expect? *Analysis and Intervention in Developmental Disabilities, 3*, 1-22.

Peck, C. A., Odom, S. L., & Bricker, D. (Eds.) (1993). *Integrating young children with disabilities into community programs*. Baltimore: Paul Brookes.

Rettig, M., Kallam, M., & McCarthy-Salm, K. (1993). The effect of social and isolate toys on social interactions of preschool-age children. *Education and Training in Mental Retardation, 28*, 252-256.

Rowbury, T. G., Baer, A. M., & Baer, D. M. (1976). Interactions between teacher guidance and contingent access to play in developing preacademic skills of deviate preschool children. *Journal of Applied Behavior Analysis, 9*, 85-104.

Strain, P. S., & Odom, S. L. (1986). Peer social initiations: Effective intervention for social skills development of exceptional children. *Exceptional Children, 52*, 543-551.

Continued

References, *continued*

Strain, P. S., Wolery, M., & Izeman, S. (in press). Designing effective early intervention services for young children with autism. *Young Exceptional Children.*

Venn, M. L., Wolery, M., Werts, M. G., Morris, A., DeCesare, L. D., & Cuffs, M. S.

(1993). Embedding instruction in art activities to teach preschoolers with disabilities to imitate their peers. *Early Childhood Research Quarterly, 8*, 277-294.

Werts, M. G., Wolery, M., Snyder, E. D., Caldwell, N. K., & Salisbury, C. L. (1996). Supports and resources associated with inclusive schooling: Perceptions of elementary school teachers about need and availability. *Journal of Special Education, 30*, 187-203.

Wolery, M., Anthony, L., & Heckathorn, J. (in press). Transition-based teaching: Effects on the duration of transitions, teachers' behavior, and children's learning. *Journal of Early Intervention.*

Wolery, M., Holcombe, A., Brookfield, J., Huffman, K., Schroeder, C., Martin, C. G., Venn, M. L., Werts, M. G., & Fleming, L. A. (1993). The extent and nature of preschool mainstreaming: A survey of general early educators. *Journal of Special Education. 27*, 222-234.

Wolery, M., Huffman, K., Holcombe, A., Martin, C. G., Brookfield, J., Schroeder, C., & Venn, M. L. (1994). Preschool mainstreaming: Perceptions of barriers and benefits by faculty in general early childhood education. *Teacher Education and Special Education, 17*, 1-9.

Wolery, M., Martin, C. G., Schroeder, C., Huffman, K., Venn, M. L., Holcombe, A., Brookfield, J., & Fleming, L. A. (1994). Employment of educators in preschool mainstreaming: A survey of general early educators. *Journal of Early Intervention, 18*, 64-77.

Wolery, M., Schroeder, C., Martin, C. G., Venn, M. L., Holcombe, A., Brookfield, J., Huffman, K., & Fleming, L. A. (1994). Classroom activities and areas: Regularity of use and perceptions of adaptability by general early educators. *Early Education and Development, 5*, 181-194.

Wolery, M., Venn, M. L., Holcombe, A., Brookfield, J., Martin, C. G., Huffman, K., Schroeder, C., & Fleming, L. A. (1994). Employment of related service personnel in preschool programs: A survey of general early educators. *Exceptional Children, 61*,. 25-39.

Wolery, M., & Wilbers, J. S. (1994). *Including children with special needs in early childhood programs.* Washington, DC: National Association for the Education of Young Children.

Research-to-Practice *in* Inclusive Early Childhood Education

Former setting: Segregated, self-contained early childhood education programs for children with disabilities.

Current setting: Increasingly inclusive classrooms, day care centers, and community-based programs that enroll children both with and without disabilities.

BEST COPY AVAILABLE

Hazel A. Jones
Mary Jane K. Rapport

Early childhood education is changing. Inclusion is expanding the roles of both general and special educators in meeting the needs of all young children (Wolery et al., 1993).

Fortunately, over the past several years, researchers have provided helpful information for practitioners on including children with disabilities in inclusive early childhood programs. But are educators making use of this research? As Fullan & Stiegelbaur (1991) noted, translating research knowledge into classroom practice is rare in any area of education (Fullan, 1991).

This article provides links from research to practice in several key areas of inclusive early childhood education: teachers' knowledge base and beliefs, communication, physical environment, activities and materials, social interactions, and curriculum and instruction.

Early childhood special educators must take responsibility for sharing information with their colleagues in general education.

The Foundation: Educators' Knowledge Base and Beliefs

Both special and general educators have a responsibility to continually increase their knowledge about early childhood education—and examine their beliefs and attitudes.

Acquisition and Dissemination of Knowledge. Early childhood special educators must take responsibility for sharing information with their colleagues in general education. The changing role of the early childhood special educator includes the ability to create, advise, and provide resources for the inclusion of young children with disabilities.

These specialists also have the opportunity to read, synthesize, and disseminate valuable research to colleagues. The Council for Exceptional Children's Division of Early Childhood (DEC) recommended that early childhood special educators have the ability "to access, read, and understand current literature and research related to young children with disabilities and their families" (Task Force, 1993, p. 114). As consumers of the wealth of information published in books and journals, special educators can serve as a valuable link between research and practice (see Figure 1) while providing an avenue for collaboration and two-way exchanges of information.

Examining Beliefs and Attitudes. The research on inclusion consistently emphasizes the teacher's role in supporting positive inclusive experiences for children. Of primary importance, and an overriding factor in all the areas we discuss here, is *what teachers know and believe about disabilities and teaching children with disabilities.* These beliefs are a constant influence on teachers' actions and the foundation on which the other characteristics influencing positive inclusive classroom experiences are generated.

An attitude that reflects acceptance of diversity is critical to communicating the willingness to educate *all* children and work collaboratively with others on behalf of children. The teacher's ability to respond to the individual needs of children with disabilities by offering additional support as necessary during classroom activities reflects a positive and accepting attitude about disabilities.

Beyond attitude, however, other characteristics extracted from the research literature are valuable to the success of including young children. The first of

Reprinted with permission of the Council for Exceptional Children (CEC). No further reproduction is permitted without the express permission of CEC.

these has to be communication. (Table 1, page 59, provides a summary of these areas, along with a sampling of references for further information.)

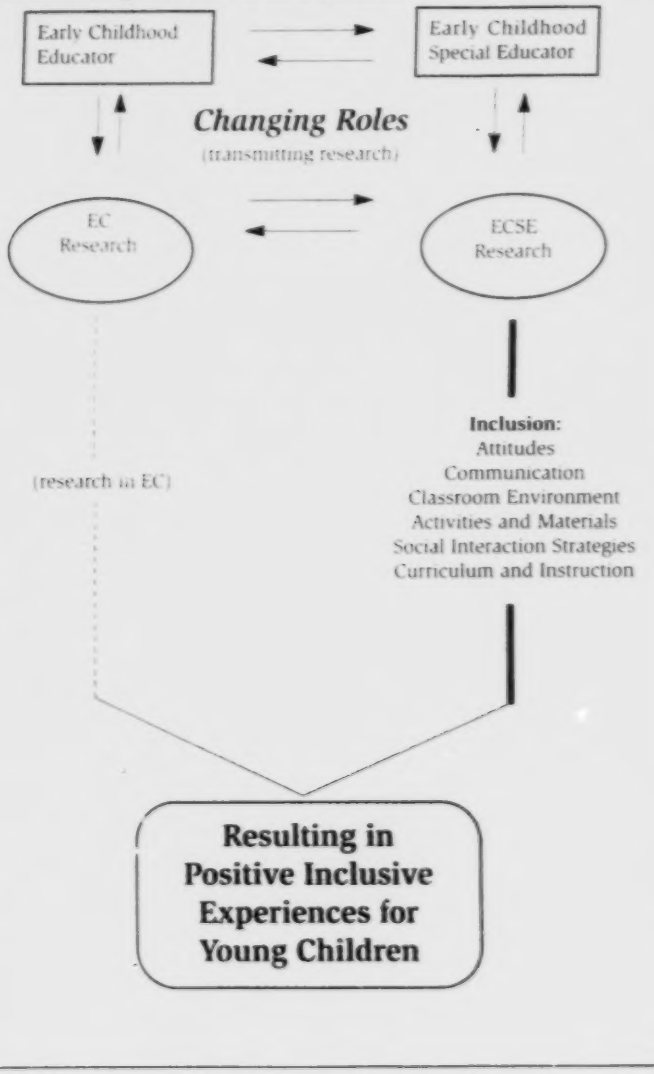
Communication

Manner and style of communication reflect the teacher's attitudes and beliefs about disability.

- *With children:* When the teacher approaches a child at eye level, there is a sense that the teacher is ready to communicate *with* the child—not *to* the child. Communication may be useful in providing additional instructions for completing a task, direct instruction, or positive feedback regarding the child's accomplishments.
- *With colleagues:* Teachers with good communication skills enhance collaboration through relaying and receiving information from a variety of sources supporting the child and the educational program. For example, collaborative teachers welcome visitors into the classroom.
- *With related service personnel:* Effective early childhood educators maintain regular communication with related service personnel, beyond annual or biannual discussions at individualized education plan (IEP) meetings. A study by Giangreco, Dennis, Cloninger, Edelman, and Schattman (1993) described the negative feelings of teachers toward the presence of increased numbers of support personnel in the classroom when appropriate communication is lacking.
- *With parents:* Communication with parents and other professionals needs to be open and frequent, involving both formal (e.g., scheduled conferences) and informal (e.g., spontaneous phone calls or notes) types of discussions about individual children. Communication is particularly important in facilitating a smooth transition to the next educational setting.

Figure 1

Role of the Early Childhood Special Educator in Transmitting Research to Practice



Physical Arrangement

The teacher is responsible for physically arranging the classroom to ensure that all areas and materials are accessible to all children, including children with physical or sensory impairments.

- *Organized areas:* Teachers can create functional boundaries by establishing designated areas of the classroom for specific activities and storing meaningfully grouped materials in those areas. For example, one area of the classroom may be occupied by a small rug with math manipulatives or toys stored in nearby shelves; another area of the room is set up for dramatic play and includes clothes, plastic foods, and dolls occupying that designated space. When children recognize a level of organization in the arrangement and materials, they feel safe and comfortable within this teacher-made environment.
- *Arrangements for interactions:* The physical arrangement of the classroom may promote interactions among children (Hanline, 1993). A child with a physical disability, who is not independently mobile, is unable to interact with peers and participate in sand box play unless he or she is placed in the sand box by a teacher or other adult.

Table 1

Examples of Researched Characteristics

Characteristics	*Examples*	*Selected References*
Communication	• adults are responsive and supportive • resources, supports available • collaboration	Giangreco, Dennis, Cloninger, Edelman, & Schattman (1993); Hundert & Mahoney (1993); Wolery et al. (1995)
Physical Environment	• spacial organization (accessibility) • furnishings for comfort • clearly defined groupings of materials • accommodates a variety of group sizes	Dunst, McWilliam, & Holbert (1986); Hanline (1993)
Activities and Materials	• "social" toys available • schedule allows for gross motor, free play, child's choices • age, exceptionality, and developmentally appropriate	Martin, Brady, & Williams, (1991); Kugelmass (1989); Hanline (1993)
Social Interaction Strategies	• cooperative learning, playing • heterogeneous groupings • types and levels of play • teacher mediation • classroom management • peer mediation	Guralnick & Groom (1988); DeKlyen & Odom (1989); Giangreco, Dennis, Cloninger, Edelman, & Schattman (1993)
Curriculum and Instruction	• child-centered • process rather than outcome oriented • evidence of adapted curriculum • developmentally appropriate	Fox & Hanline (1993); Hanline (1993); Peters (1990); Warren & Kaiser, 1986

- *Flexible rearrangements:* Classrooms that are easily rearranged allow for flexible planning, as well as large- and small-group activities. Classroom setup should not determine the existence or absence of such activities, but should be conducive to a variety of group sizes. Occasionally rearranging the classroom also provides a sense of novelty that can be refreshing for adults and children alike.
- *Comfortable seating:* Appropriate seating that is comfortable, conducive to table work, and relaxing must be available for all children. In addition to soft chairs and specific areas for relaxation, small chairs that are upright, sturdy, and fully support the child at the hips, knees, and back will be essential for good posture and will facilitate fine motor control. Teachers should feel that their classroom is a "safe haven" where children feel secure and ready to encounter their day.

Activities and Materials

Classroom activities and materials, including toys, must be developmentally appropriate and must allow for participation and interaction by children with disabilities.

- *Chronologically and context appropriate materials:* Developmentally appropriate materials refer to those that are both chronologically age appropriate and individually appropriate. This is crucial for children with disabilities. Teachers should design activities and choose materials for the children with disabilities in their classrooms that are appropriate for the context of the environment. For example, a 4-year-old child with severe cognitive disabilities should have toys available that are appropriate for all 4-year-olds.
- *Adapted materials:* Adapting materials and toys helps ensure meaningful interaction and engagement between children with disabilities and their peers without disabilities. Adaptations can be simple or complex, teacher-made or commercial.
- *Appropriate scheduling and choices:* Scheduling of activities includes time for large- and small-group instruction, outdoor play, opportunities for children to make choices, and related services (e.g., physical, occupational, and speech therapy) for children with disabilities. Teachers facilitate choice making by setting up a variety of appropriate and interesting activities. This appropriate use of scheduling activities and managing available materials supports incidental learning by allowing all children to be actively engaged in an activity, encouraging peer interaction, and avoiding conflicts related to many children wanting to use the same materials.
- *Nonintrusive related services:* Scheduling related services should also promote the inclusion of children with disabilities into classroom activities. For example, the integrated therapy model allows related service providers to work with children in the classroom where there are natural opportunities to practice certain skills (Rainforth, York, & Macdonald, 1992).

Social Interactions

One of the most important components of successfully including young children with disabilities in early childhood class-

BEST COPY AVAILABLE

rooms is teacher-facilitated social interactions. Social interactions between children with and without disabilities do not occur spontaneously (Guralnick, 1981).

- *Heterogeneous groupings:* Promoting social interaction can begin with heterogeneous grouping of children (i.e., a broad range of abilities) in activities that emphasize a common goal. Teachers may arrange groups so that children

A 4-year-old child with disabilities should have toys available that are appropriate for all 4-year-olds.

who are more socially skilled are included with children whose disabilities have interfered with social development. Within cooperative learning groups, multiple types and levels of play and learning may occur.

- *Teaching social skills:* A key component to the success of any cooperative learning strategy is that teachers plan for and support appropriate social behavior. Peer mediation, guided by teachers, can be used to enhance the social interaction skills of all children. Teachers must ensure that children with and without disabilities have ample opportunities to interact, that interactions occur, and that children enjoy them. Peers may then be taught specific techniques to engage children with disabilities and to maintain interactions with them.
- *Providing positive feedback:* Teachers can provide support for social interactions by observing and giving positive feedback to the children involved.
- *Encouraging interactions in free play:* Social interaction occurs more often during less structured activities such as free play (whether teacher or child directed). Certain toys and materials are also more conducive to interaction than others. These include dress-up, housekeeping, cars and trucks, and block play. Meanwhile, easel painting, computer games, writing centers, and play dough or clay modeling are examples of activities that tend to encourage independence but are less conducive to interaction with others.
- *Considering group sizes and quantity of materials:* Children are more likely to interact in small groups than in large groups. However, group size is not the only factor to consider. The availability of appropriate quantities of materials for each center or activity will help prevent conflict while promoting skills related to sharing and turn-taking.

Curriculum and Instruction

In keeping with the philosophy of developmentally appropriate practice, the early childhood curriculum emphasizes play, discovery, and problem-solving as primary means of skill mastery and fostering independence.

- *Adapting curricular materials:* The teacher ensures appropriateness for all children by making adaptations or using commercially adapted curriculums while keeping as close to the curriculum guide as possible. The focus of instruction is on promoting meaningful, generalizable outcomes that emphasize the learning process.
- *Using activities in instruction:* Planning instruction using an activity-based approach is an effective way to promote meaningful learning.
- *Individualizing goals:* Teachers can use instructional strategies that allow for incorporating the IEP and other individualized goals into early childhood curriculum.
- *Using the teachable moment:* The instructional procedures collectively known as "incidental" or "milieu teaching" have been shown to be very effective (Warren & Kaiser, 1986). These procedures allow the teacher to capitalize on teachable moments to facilitate learning across a number of developmental domains. While numerous articles have documented the effective application of naturalistic teaching (e.g., teaching that occurs in a natural environment, is child initiated, and uses natural consequences), some professionals continue to question the ability of this model to meet the specific intervention needs of young children with disabilities (Fox & Hanline, 1993).

Disseminate, Discuss, and Develop!

Jannev, Snell, Beers, and Raynes (1995) recently found that general education teachers preferred that specific information about disabilities and strategies for inclusion come from the special education teacher. They also felt that this was best accomplished through informal team meetings and personal exchanges.

Including opportunities for discussions offers teachers collegial support that may facilitate the use of research-based practices (Gersten & Brengelman, 1996; Malouf & Schiller, 1995). Lovitt and Higgins (1996) described a program specifically designed to help teachers translate research into practice. Such programs can provide a foundation for collaboration, consultation, future dialogue and communication, and improved personnel preparation.

The past decade has seen many changes in early childhood education, beginning with the emphasis on developmentally appropriate practice. Today's teachers may assume roles never conceived of some 10 or 20 years ago (Winn & Blanton, 1997). The transmission of research into practice is an important link to collaboration and to best practice.

References

DeKlyen, M., & Odom, S. L. (1989). Activity structure and social interactions with peers in developmentally integrated play groups. *Journal of Early Intervention, 13(4),* 342-352.

Dunst, C. J., McWilliam, R. A., & Holbert K. (1986). Assessment of preschool classroom environments. *Diagnostique, 11,* 212-232.

Fox, L., & Hanline, M. F. (1993). A preliminary evaluation of learning within developmentally appropriate early childhood settings. *Topics in Early Childhood Special Education, 13(3),* 308-327.

Fullan, M. G., & Stiegelbaur, S. (1991). *The new meaning of educational change.* New York: Teachers College Record.

Gersten, R., & Brengelman, S. U. (1996). The quest to translate research into classroom practice: The emerging knowledge base. *Remedial and Special Education, 17(2),* 67-74.

Giangreco, M. F., Dennis, R., Cloninger, C., Edelman, S., & Schattman, R. (1993). "I've counted Jon": Transformational experiences of teachers educating students with disabilities. *Exceptional Children, 59*, 359-372.

Gutalnick, M. J. (1981). The social behavior of preschool children at different developmental levels: Effects of group composition. *Journal of Experimental Child Psychology, 31*, 115-130.

Gutalnick, M. J., & Groom, J. M. (1988). Peer interactions in mainstreamed and specialized classrooms: A comparative analysis. *Exceptional Children, 54*, 415-425.

Hanline, M. F. (1993). Inclusion of preschoolers with profound disabilities: An analysis of children's interactions. *Journal of the Association for Persons with Severe Handicaps, 18(1)*, 28-35.

Hundert, J., & Mahoney, W. J. (1993). The relationship between the peer interaction of children with disabilities in integrated preschools and resource and classroom teacher behaviors. *Topics in Early Childhood Special Education, 13(3)*, 328-343.

Janney, R. E., Snell, M. E., Beers, M. K., & Raynes, M. (1995). Integrating students with moderate and severe disabilities into general education classes. *Exceptional Children, 61*, 425-439.

Kugelmass, J. W. (1989). The "shared classroom": A case study of interactions between early childhood and special education staff and children. *Journal of Early Intervention, 13(1)*, 30-44.

Lovitt, T. C., & Higgins, A. K. (1996). The gap: Research into practice. *Teaching Exceptional Children, 28(2)*, 64-68.

Malouf, D. B., & Schiller, E. P. (1995). Practice and research in special education. *Exceptional Children, 61*, 414-424.

Martin, S. S., Brady, M. P., & Williams, R. E. (1991). Effects of toys on the social behavior of preschool children in integrated and nonintegrated groups: Investigation of a setting event. *Journal of Early Intervention, 15(2)*, 154-161.

Peters, S. J. (1990). Integration and socialization of exceptional children. *Anthropology and Education Quarterly, 21*, 310-339.

Rainforth, B., York, J., & Macdonald, C. (1992). *Collaborative teams for students with severe disabilities: Integrating therapy and educational services*. Baltimore: Paul H. Brookes.

Task Force on Recommended Practices Division for Early Childhood Council for Exceptional Children. (1993). *DEC recommended practices: Indicators of quality in programs for infants and young children with special needs and their families* (Stock No. D417). Reston, VA: Author. (ERIC Document Reproduction Service No. 370 253)

Warren, S. F., & Kaiser, A. P. (1986). Incidental language teaching: A critical review. *Journal of Speech and Hearing Disorders, 51*, 291-299.

Winn, J. A., & Blanton, L. P. (1997). The call for collaboration in teacher education. In L. P. Blanton, C. C. Griffin, J. A. Winn, & M. C. Pugach (Eds.), *Teacher education in transition: Collaborative programs to prepare general and special educators* (pp. 1-17). Denver, CO: Love.

Wolery, M., Holcombe, A., Venn, M. L., Brookfield, J., Huffman, K., Schroeder, C., Martin, C. G., & Fleming, L. A. (1993). Mainstreaming in early childhood programs: Current status and relevant issues. *Young Children, 49(1)*, 78-84.

Wolery, M., Werts, M., Caldwell, N. K., Lisowski, L., & Snyder, E. D. (1995). Experienced teachers' perceptions of resources and supports for inclusion. *Education and Training in Mental Retardation and Developmental Disabilities, 30(1)*, 15-26.

Hazel A. Jones, *Assistant Professor, and* **Mary Jane K. Rapport** *(CEC Chapter #382), Assistant Scholar, Department of Special Education, University of Florida, Gainesville.*

Address correspondence to Hazel A. Jones, Department of Special Education, G-315 Norman Hall, University of Florida, Gainesville, FL 32611-7050 (e-mail: hajones@coe.ufl.edu).

Copyright 1997 CEC.

Special Kids need Special Teachers like YOU!

Teach in Contra Costa County, California and help shape a brighter future for special children - and for yourself.

Just 30 minutes from San Francisco, Contra Costa offers scenic beauty, outdoor recreation, access to fine universities, arts and entertainment, and California sunshine. It's a great place to work and live.

510-942-3387
CCCOE, Human Resources Department
77 Santa Barbara Rd. Pleasant Hill, CA 94523
http://cccoe.k12.ca.us

CONTRA COSTA COUNTY OFFICE of EDUCATION
An Equal Opportunity Employer

BEST COPY AVAILABLE

Perspectives on becoming a consulting therapist

Barbara Hanft MA, OTR, FAOTA
March 4, 1995

Following is a summary of a presentation to the participants of UCPA's *Think Thank on the Development of Pediatric Practice Guidelines* regarding how to expand direct service to provide collaborative consultation to family members, educators and other primary providers who serve children with special needs.

I. *Intervention must be based on family/educator outcomes as well as therapeutic goals.*

Family/educator outcomes and therapy goals are critical, but different, signposts for planning meaningful intervention by occupational and physical therapists and speech-language pathologists. *Outcomes* are the qualitative changes families hope will lead to their son or daughter getting along with others, learning in school and some day working and joining community life. In education settings they are the behaviors, skills and knowledge a student is expected to acquire in school.

Disciplinary goals reflect therapists' knowledge and experience specific to helping children achieve desired outcomes. For example, if the outcome for Laurie, a two year old girl with pervasive developmental disorder, is to enjoy bathtime, there are specific goals and strategies therapists can work on to make bathtime more enjoyable for her. Laurie may have any one or more of the following problems: poor sitting balance, low muscle tone, disordered sensory processing of the water on her skin, fatigue, difficulty transitioning from the previous activity, confusion about what bath is all about, dislike for getting her head wet or highly anxious parents who fear dropping her when wet.

Thus there are many reasons why Laurie currently behaves the way she does and therapists should assist in developing strategies to expand her skills/learning, given the specific environments she must function in. Without understanding the family's (or teacher's perspective), therapists view a child through an unconnected lens, which encourages a limited assessment of what a child can or cannot do. Deficits are then identified and "fix-it" goals are prescribed without knowing how the child really functions in their primary environments and settings.

Without knowing that the desired outcome for Laurie is to enjoy her bath, a therapist could easily miss the opportunity to share expertise to facilitate Laurie's involvement in this daily routine. It may be that Laurie will not have the prerequisite skill to sit independently for

Reprinted with permission of the author. No further reproduction is permitted without the author's express permisssion.

another year. The traditional approach the therapist might work on improving trunk control in direct therapy three times per week until Laurie could sit on her own. Couldn't the therapist consult with Laurie's parents to adapt the bath routine or Laurie's environment by recommending that she sit on a piece of foam in a small inflatable inner tube so she can enjoy bathtime now? Why can't both service models be integrated and provided simultaneously? Or, if the parents are really only interested in improving the bathtime routine at this time, the therapist can consult with them to pinpoint which factors are influencing Laurie's behavior and suggest meaningful strategies.

Before assessment and intervention, therapists must consult with families, educators and other providers to clarify their perspectives and desired outcomes in order to recommend meaningful disciplinary interventions.

> *"We are likely to think in terms of achieving skill that will lead to the next developmental milestone. Parents often take a longer view. In my experience, parents define their goals for their children in terms of the quality of life their children will have as they grow older.." (Vincent, 1988, p.3)*

II. *In sharing decision making with families, therapists do not have to give up their expertise- they just need to use it differently.*

Working with families requires rethinking traditional lines of authority and decision making. Who is privileged i.e., who "owns" the treatment goals and program? Issues of "compliance" are a common theme in medical and rehabilitation literature and reinforce the traditional parent/professional power dichotomy. Instead of thinking how parents are noncompliant and do not follow-through with recommended procedures and activities, therapists need to find out why. Whose child is this anyhow?

Parents often fear if they do not comply with a therapist's recommendations, they may lose the therapist's support and possibly, service for their child. Actually, when your "consultee" cannot follow through with your suggestions, an opportunity is presented to find out why. What interfered with the family's plan to implement your suggestions, given they were truly accepted to begin with? Therapists must ask: "What can I do to help you figure this out and how can we reach the same outcome in another way?" Perhaps the desired outcome is not appropriate, or disciplinary goals and approaches need to be revised.

Learning to ask the right question focuses on describing behavior (what happened), rather than making a value judgment about family members' intentions or ability to care for their child. Is the effect of our therapeutic intervention to "allow" parents to become involved in "our" therapy, or do we really want to assist families, teachers and other consultees to carry out their role appropriate responsibilities? As one mother state simply, " I want to be Zak's mother, not his therapist (Lyon, 1989)".

You do not have to "empower" families, if you do not take their power away in the first place (Association for the Care of Children's Health, 1989; Dybwad, 1989). Professionals need to ask first, "What do you already know about your child and do you have any idea what you want him or her to learn next?" We can act as guides and even suggest outcomes when families and other providers do not have any idea what they want.

III. *Flow of Service and Role Decisions*

There are six questions which therapists must answer with teams of family members and professionals when they provide consultative services (Hanft & Place, 1996). Each must be answered in order, beginning with the first question which focuses on desired outcomes, rather than whether or not the child needs therapy, and how frequently.

1. What Does Child Need To Learn/Develop?

IFSP outcomes/ IEP goals & objectives defined

This is the crucial question to begin with, since outcomes should guide intervention. Posing this question should lead to a discussion about educational or family-desired outcomes and eventually results in identification of IEP goals and objectives or IFSP outcomes. In order to knowledgeably talk about a child's development, therapists should observe the child in their natural environments and may need to complete formal evaluations.

2. Which Strategies Will Facilitate the Child's Learning/Development?

Intervention Strategies identified

Once therapists know where to go, they can identify *how* to get to the desired destination. If the outcome for a second grader with cerebral palsy is to write sentences or read a simple paragraph, then what strategies will improve the student's performance? Do motor problems interfere with an appropriate pencil grip? Is adapted equipment needed? Which techniques will facilitate recognizing and recalling sound-symbol associations?

BEST COPY AVAILABLE

3. Whose Expertise Is Needed To Assist the Child Achieve Outcomes ?

Services identified

Most therapists are generally asked to respond to: "Does this child need occupational or physical therapy or speech/language pathology, and how often?" before considering the child's desired outcomes or needed strategies. The answer that almost always follows is "yes" or "probably" since therapists can always think of ways to enhance a child's development. However, if asked whether OT can help a particular student *achieve a specific outcome* such as accessing a computer, a very different set of criteria must be considered.

4. How Should Therapeutic Intervention Be Provided?

Service model chosen

Once the outcomes, intervention strategies and disciplinary expertise are decided, then the next decision is *how* the service should be provided. Which service model will best assist the child achieve desired outcomes? The professional literature identifies various models e.g., direct, integrated therapy, consultation, collaborative teaming and monitoring which can readily be combined with one another.

Exclusive use of either end of the service continuum (direct service vs. consultation) for all children misses opportunities to provide flexible services to help achieve desired outcomes. While the use of a consultation model alone can help achieve certain outcomes, direct intervention by the therapist should *always* be paired with some form of collaborative consultation with the primary care providers and teachers in the child's life. Children spend most of their time at home, in childcare settings and in school; consultation expands the impact of therapy to help children function in these environments. Clinics and therapy spaces provide only selected views of a child's performance. Uri Bronfenbrenner, a developmental psychologist, once described research in his discipline as "the science of the strange behavior of children in strange situations with strange adults for the briefest possible period of time" (Bronfenbrenner, 1977, p. 513). Do not reenact this isolated version of looking at child development in intervention.

Any service model, direct or consultation, should be chosen *only after* the desired outcomes and intervention strategies for achieving these outcomes are decided by the team, including families. To do otherwise, may very well delegate consultation to a "less than desirable" service.

5. Which Methods Will I Use To Translate My Knowledge To Others?

Consulting Method Identified

Questions 5 & 6 relate to the choice of some form of indirect service (collaborative consultation, integrated therapy) in which the therapist analyzes *how* to help another adult with their child-related responsibilities. The term "methods" refers to how therapists' choose to translate their knowledge and expertise through instruction, modeling, demonstration, support etc. The crucial point is *how to help other people with their responsibilities and concerns*, not ask them to be a therapist. If a child really needs a therapist to do the intervention, that is what direct service is for. Consultation focuses on using therapists' knowledge and experience to assist family members and other adults in their interactions with their child/student. This is one of the delicate considerations which makes consultation so much more complex than direct service. It is often easier to provide the therapy yourself than to figure out what the parent, teacher or child care worker needs to know and then pinpoint how to help them do it.

6. How shall I interact with educational staff/family?

Approach identified

This final question is dependent on developing skills in communication and interpersonal interactions. Depending on the situation and personalities of your "consultees", you must choose from a variety of styles ranging from expert to collaborative consultation. Therapists should operate on a "sliding scale", adapting to various environments and needs of staff and parents. If you use only one interactional style, you will limit the effectiveness of your consultation as you interact in different situations.

BEST COPY AVAILABLE

IV. Barriers and supports to successful consultation

The following four factors (time, attitude & expectations of therapists, families and administrators; planning and follow-up; and knowledge and experience) both support and provide challenges to effective consultation.

Time: Administrators often view the consultative approach as a cost saving measure because they mistakenly believe therapists can double and triple their caseloads. In fact, consultation may be more time consuming than direct service because of the time devoted to analyzing the situation and choosing appropriate methods for translating therapist's expertise and communicating with consultees.

Attitude & expectations: Families often believe the more therapy, the better, and think consultation is offered when therapists do not have time to treat their children. In this scenario, consultation is understandably viewed as less than desirable. Therapists often believe they must provide direct intervention for a child to improve, particularly when they are working within a traditional clinical model. Consultation becomes, in their minds also, less than what should be provided. Therapists must adjust their expectations for measuring success, when consulting with others, since they are using an indirect model and will not always see the benefits of their therapeutic recommendations first hand.

Planning & follow-up: In order for consultation to succeed, there must be a plan of action agreed upon by all parties, similar to a treatment plan, detailing who the therapist will consult with and when, what the strengths and needs of the child are, functional problems encountered in home, school etc. environments, recommended strategies to implement (including why and precautions to look out for) and times for follow-up contacts. Effective consultation must have periodic follow-up provided by the therapist.

Knowledge & experience: Therapists must understand the art and science of consulting as well as have some disciplinary expertise to contribute to the team. New and inexperienced therapists will need support and mentoring to develop effective consulting skills since they have knowledge of their discipline but little experience in working in different settings assisting others in their roles and functions.

Summary

Effective *therapy*, regardless of how it is delivered, is meaningful to the people involved and helps children achieve desired outcomes. Effective *consultation* starts with an analysis of a child's strengths and needs in their daily environments and incorporates the knowledge, experience and desired outcomes of family members and other providers to assist them in their child related responsibilities.

References

Association for the Care of Children's Health. (1989). *Family-Centered Care* (video). Bethesda, MD: Author.

Bronfennbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32, 513-531.

Dybwad, G. (1989). Empowerment means power-sharing. *TASH Newsletter*, 15(3), 5-8.

Hanft, B., & Place, P. (1996). *The consulting therapist: A guide for occupational and physical therapists.* San Antonio, TX: Therapy Skill Builders.

Lyon, J. (1989). I want to be Zak's Mom, not his therapist. *Developmental Disabilities Special Interest Newsletter*, 12(1), 4.

Vincent, L. (1988). What we have learned from families. *OSERS News in Print*, 1(4), 3.

Source: Hanft, B. (1995, March). On becoming a consulting therapist. Paper presented to *Think Thank on the Development of Pediatric Practice Guidelines*, United Cerebral Palsy Inc, Washington, D.C.

BEST COPY AVAILABLE

Outcome studies in occupational and physical therapy re: consultation

Source	How consultation was addressed	Description	Outcome
Campbell, McInerney & Cooper (1984)	Incorporating therapy techniques with functional activities in an education setting	Therapists taught other team members to facilitate reaching for 3 students with severe disabilities	Students' movement increased when given greater opportunity to practice
Giangreco (1986)	Effectiveness of direct versus integrated therapy; teacher provides therapy prior to switch training instruction	Single-subject reversal design for facilitating switch-control skills for a 13 yr. old girl with multiple disabilities	Significant increase in the student's ability to activate the switch during integrated therapy phases
Cole, Harris, Eland & Mills (1989)	Comparison of effects of in-class and out-of-class therapy on gross and fine motor performance; also surveyed teacher preference for models	61 preschool children (28 with motor delays and 33 without) were randomly assigned to either therapy group	No significant differences were found between groups for student delays, although a trend favoring in-class condition was found
Palisano (1989)	Comparison of PT and OT in groups via direct service and consultation; teacher satisfaction	Progress of 34 elementary students with learning disabilities compared on 3 motor and visual-motor tests	Each group makes greater change on one measure; both make comparable progress on third measure
Dunn (1990)	Comparison of direct service and consultation; teacher and therapist attitudes surveyed	14 preschoolers were randomly assigned to either group; IEP goal attainment used to measure outcomes	Children in both groups achieved a similar percentage of IEP goals; teachers in consultation group reported larger OT contributions and more positive attitudes
Davies & Gavin (1994)	Comparison of individual/direct and group/consultation in preschool setting	Two matched groups of 19 preschoolers with developmental delays recieved OT/PT through individual/direct or group/consultation for 7 months	Both groups improved significantly in fine and gross motor skills; no significant difference between groups noted although gains were observed by therapists at schol and parents at home

We Can

Pioneers of blending early childhood services advise Head Start on blending techniques

Sharon Rosenkoetter
Coordinator
Early Childhood Programs
Associated Colleges of Central Kansas
McPherson, Kansas

Gracie is a Head Start teacher. Her co-teachers are Mimi, an early childhood special educator; Paula, a paraeducator; Sandra, a Title I teacher; Kerri, who is paid by the state preschool program; and David and Joan, child-care providers. Therapists of different disciplines also offer classroom support part time.

Together this team operates two large classrooms with 35 children attending each of two sessions a day. The space usually is subdivided into smaller pods of children and teachers engaged in a variety of developmentally appropriate activities. Eight of the children in the morning group and seven in the afternoon group have special needs, some which are complex. A few children arrive for child care as early as 6:45 a.m., and others stay as late as 5:15 p.m. Some children attend for three hours, some for four hours, and one group of children receives extended care and education from between four to 10 1/2 hours, depending on their families' needs. The situation is complicated further by the participation of the state-funded preschool. The children in that program attend just two days a week — on alternating schedules.

It has not been simple, but together, this team of professionals has created a preschool program with blended services. "Together we can do this," Gracie remembers telling herself many times the first year. "Together we can make a great learning experience for the children."

Combining efforts

Blending services brings together within one classroom a number of early development and education programs that typically operate independently. That is, it brings children together in one room under the supervision of a single team, the members➡

BEST COPY AVAILABLE

Photo courtesy of McPherson County Early Childhood Center, McPherson, Kansas. Photographed by the author.

of which work for programs that usually operate in different locations, under different sponsorship, and with guidance from different funding agencies and fiscal management requirements.

In communities all over the United States, early childhood planners are striving to blend services for young children and their families while honoring the diverse rules and funding streams that support various programs. Head Start programs, specifically, have found many partners in their effort to assemble quality services for all of our nation's children. Some of these partners include early childhood special education, child-care services, locally and state-funded preschools, Title I programs, Even Start, programs for migrant families, university laboratory schools, Healthy Start Plus, and parent-supported early education.

It can be challenging to blend — not just co-locate — the services of programs served by staff members with varied preparation, philosophical approaches, salary scales, and professional development opportunities. Yet diverse early childhood programs are likely to serve children with similar curricular and developmental needs. And some programs may serve families, too, who regardless of their different experiences may face similar challenges and hold similar dreams for their children's futures.

Many books and articles have explored the administrative aspects of collaboration. This article instead focuses on the classrooms where the blending of children, staffs, and curricula actually occurs.

The parents and child-care professionals in seven communities described the advantages and disadvantages of blending services. As pioneers at blending services, they discussed what has helped them build programs that have offered blended services for two to 31 years. Comments from some of these pioneers may be useful to Head Start parents and service providers in other communities whose community assessments suggest a possibility of blending services.

Teachers, therapists, parents, and administrators in the pioneer programs pointed out many reasons for merging early childhood services at the classroom level. They especially appreciate the focus on children as children and families as families, without public definition of income, disability status, or family characteristics. They found that blending services helps eliminate the stigma that may result from the labeling of children or families. Blending allows early childhood programs to attempt to meet a diversity of family needs in a community while minimizing categorization. By successfully blending services like early childhood education, child care, parenting education, enrichment activities, health and dental screenings, and referral to health and social services, all participants access each services' benefits, and only the center director or bookkeeper knows who is the funding source for these services.

The seven communities also appreciated the wise use of the resources made possible through blending services. Some of the communities even recognized minor cost savings. But every community reported that it was able to provide health and social services to more children and families, because the community could use more formal and informal consultation and coordination among agencies.

When speaking without any program staff members present, parents of children in the seven programs were especially complimentary about their and their children's experiences with blended services. Several parents said that in the early days of blending, they worried that their children's special needs would not be met, but that once the blending occurred, their concerns proved to be unfounded. Parents repeatedly said they could not imagine why any community would operate separate early childhood ➡

services when the benefits of blended services were clearly evident.

Administrators of programs that provide blended services also favored serving the community in this way. They told stories of friendships among children from different backgrounds, speaking a variety of languages, and displaying varying abilities. They described communication milestones of young children who found new words to share a wish with a more skilled peer. And they described motor milestones of children who walked to the places their friends were playing. They saw children gain more mature words and concepts from conversations with teachers, parents, other family members, and people from all around the community.

Teachers in the seven programs said they were satisfied with their children's attainment of their individual goals. They noted that objectives with a social component (like communication and walking toward friends) were accomplished more quickly in blended classrooms than in previously segregated ones, even though there was less one-on-one therapy with the changeover.

In fact, most professionals in the seven communities shared their appreciation for the opportunities blending gave them for both staff and child development. They valued the many chances for cross-agency training that the blended services gave them. "Everything moves much faster here," said a special educator. "I've gained so many ideas about how to adapt activities for individual children," said a Head Start teacher. "We share ideas all the time," said a child-care provider. "I'm learning from the teachers how to make my activities more relevant to groups," said a speech-language pathologist.

Meet the Pioneering Communities

Researchers studied seven communities of various sizes in four regions of the United States, representing rural, suburban, and urban areas. The programs included in the study have offered blended services from two to 31 years. At minimum, each program features a blend of services from Head Start, early childhood special education, and one other program. The researchers collected information from each community through the following:

- Program materials, including brochures, mission statements, curriculum guides, parent manuals, and home-school communications regarding classroom procedures.
- A 1 ½-hour interview with each program's director.
- A one- to two-hour focus group with classroom staff.
- A one- to two-hour focus group with parents whose children were presently or previously enrolled in the blended program.
- Observation in each program for a half-day to gather narrative notes about classroom events.
- Audio-taped interviews with other relevant people in the community, like the local early childhood council and the school superintendent.

Confronting barriers

Staff members at the seven pioneer programs also talked about the barriers to successfully blending services. They said the barriers stem from both logistical and interpersonal issues, and they cited the provision of therapies as one of the ongoing difficulties. Speech, physical, and occupational therapists who have worked at programs with blended services for two or more years described their continuing professional development as in-class therapists for these programs as radically different from the clinical pull-out approaches presented in their pre-service training. While they support the move to in-class therapy because of evidence of child progress and the application of isolated skills to daily living, therapists reported that making this approach work is a team learning process that takes years. This is mainly because striving to meet therapy goals within classroom activities requires frequent consultation among all the people who work with the child.

Another frequently cited challenge for Head Start and its partners is finding time for joint staff planning and discussion of individual child and family needs. Staff members of the seven programs said that to address this need, they often work much harder at providing quality blended services than they did at providing quality services that were not blended. But they also were more satisfied with their work and the continuing professional growth that often result from the free exchange of information and ideas among colleagues.

Teachers who provide blended services spoke more about challenges

BEST COPY AVAILABLE

Teachers should be known simply as teachers, no matter which agency pays their salaries.

than did administrators or family members. Teachers hired before blending spoke more about difficulties than did those who were hired to teach in already-blended programs. Staff members in programs that have blended services for at least five years — programs where most of the challenges have already been surmounted — had difficulty naming any barriers to successful blending. Overall, each group of participants from the programs was positive about blending services and recommended it for other communities.

Modeling strategies for success

Families and educators in the seven communities have discovered strategies for moving past these and other potential barriers. Their recommendations include a commitment to knowing each other's jargon and to laughing together about "the alphabet soup" of early care and education. (See "Need-to-Know Terms" on the next page.)

Pioneers also suggested that a program with blended services have a generic name (like The Children's Center), rather than keeping the name of any one of the component programs (like Midtown Head Start). Children must be described as "center children," not as "child-care children" or "Head Start children," except in confidential records or reports. Similarly, teachers should be known simply as teachers, no matter which agency pays their salaries, what degrees they have after their names, or what is contained in their individual job descriptions.

Also helpful in creating equity is the building where the program is housed. It is ideal for all partners to move to a new site together or to cope with facility renovations, so that a new identity is ➡

Screening children? Ever think . . .

There's **got** to be a **better** way?

When your screen:

- misses children with learning disabilities or giftedness, or refers too many children for testing...
- invites challenge because it lacks the backup of strong technical criteria...
- calls for extensive (and expensive) training of staff...
- takes too much time to administer and interpret...

Now there is:
BRIGANCE®
SCREENS

The screens that:

- are designed for all students
- are easy to administer
- provide results consistently in line with the observations and judgments of early childhood educators
- "...stand out as the logical choice for educational settings"*

*Dr. Frances Glascoe, Vanderbilt University early childhood expert, in Technical Report for the BRIGANCE Screens.

For information: **Phone:** 800 225-0248 • **Fax:** 800 366-1158

CURRICULUM ASSOCIATES®, Inc.
P.O. Box 2001 • North Billerica, MA 01862-0901
VISIT OUR WEB SITE! www.curriculumassociates.com

created. This is preferred over the more common practice of one program absorbing and allocating space to another.

For blending to work well, administrators of the programs involved must show strong leadership, abundant patience, excellent problem-solving skills, a sense of humor, and determination to succeed in the face of opposition. These virtues are necessary both to initiate the process and to nurture the spirit of collaboration during difficult times. And in the presence of all staff members, leaders always need to model respect and celebrate equity.

They also must demonstrate how blending meets the objectives of their respective agencies in an exemplary way. For example, any program that offers blended services with Head Start must meet the revised Program Performance Standards in all its activities.

And administrators also need to work with their oversight agencies to clarify financial issues. Because scheduling, paying for meals, planning transportation routes, and developing budgets for a center that provides blended services may be very challenging, the administrators of the participating programs first must know their funding options and program regulations, and then plan together to work out acceptable solutions for such complex issues. One acceptable solution may be to substitute the exchange of in-kind services for the exchange of dollars (like secretarial time for psychological testing, or health screening for social work consultation). Technical assistance providers for the programs like Quality Improvement Centers and Quality Improvement Centers — Disability Services, can help ➥

Need-to-Know Terms

Child care — Provision of safe environments, nurturing care, and appropriate developmental experiences for children — usually while their parents work or attend school. It is locally and individually administered under not-for-profit or for-profit status. It is diversely funded, largely through parent fees, although the U.S. Department of Health and Human Services and state child-care agencies are providing growing support, especially to families with low incomes.

DSQIC or **QIC-DS** — Disability Services Quality Improvement Centers or Quality Improvement Centers-Disability Services. Twelve regional offices are staffed to assist local Head Start grantees with training and technical assistance to serve infants, toddlers, and young children with disabilities, and their families. DSQICs and QICDSs were previously called Resource Access Projects (RAPs).

Early intervention — Broadly, early intervention is the provision of child and/or family services (usually prenatally or during the first five years of a child's life) to maximize developmental outcomes. Many state and federal programs provide early intervention using a variety of approaches. Specifically, Early Intervention is a U.S. Department of Education program administered differently by the states to serve children birth through age 2 with disabilities or risk conditions, and their families. Authorized by the Individuals with Disabilities Education Act (IDEA), Early Intervention requires that all eligible children receive interdisciplinary and comprehensive services.

ECE — Early childhood education or early care and education.

ECSE — Early childhood special education. For children ages 3 to 5 with disabilities, this is authorized by IDEA and administered by the U.S. Department of Education and state departments of education. It focuses on education and education-related services. All eligible children must be served.

Even Start — A literacy and job-training program for young parents with low income, also providing their children up to age 8 with developmental and other services.

Family service coordination — Assistance to families in locating and utilizing the services they qualify for. This is required for Early Intervention for infants and toddlers with disabilities and risk conditions, and is also offered by Head Start.

Head Start collaboration grants — Federal grants that provide personnel for each state in an agency selected by the governor to support Head Start partnerships with other early childhood services.

Healthy Start/Healthy Start Plus — A nationwide program through which health department personnel provide orienting information to new mothers or more extensive support for parents at risk.

IEP — Individualized Education Program. The planning document that guides special education and related services for eligible students ages 3 to 21.

BEST COPY AVAILABLE

IFSP— Individualized Family Service Plan. The planning document for infants and toddlers and their families in Early Intervention. Some Head Start programs also develop IFSPs.

Migrant programs — Programs that provide diverse services to migrant workers and their children up to age 21.

QIC — Quality Improvement Centers. Twelve regional offices that assist local Head Start grantees with training and technical assistance.

Resource and Referral Agency — A local or state agency designed to assist families in locating child care and helping child-care providers in accessing training and technical assistance to improve the quality of their services.

State early childhood programs — Locally and state-funded child development services, either for all interested families (as in Missouri's Parents as Teachers or Minnesota's Early Childhood Family Education Program) or primarily for families with low income (as in Florida's Prekindergarten Early Intervention Program or North Carolina's Smart Start).

TA — Technical assistance. Help from experienced practitioners who are sponsored by a state or federal program to improve the quality of local child-care services.

For blending to work well, administrators must show strong leadership, abundant patience, and excellent problem-solving skills.

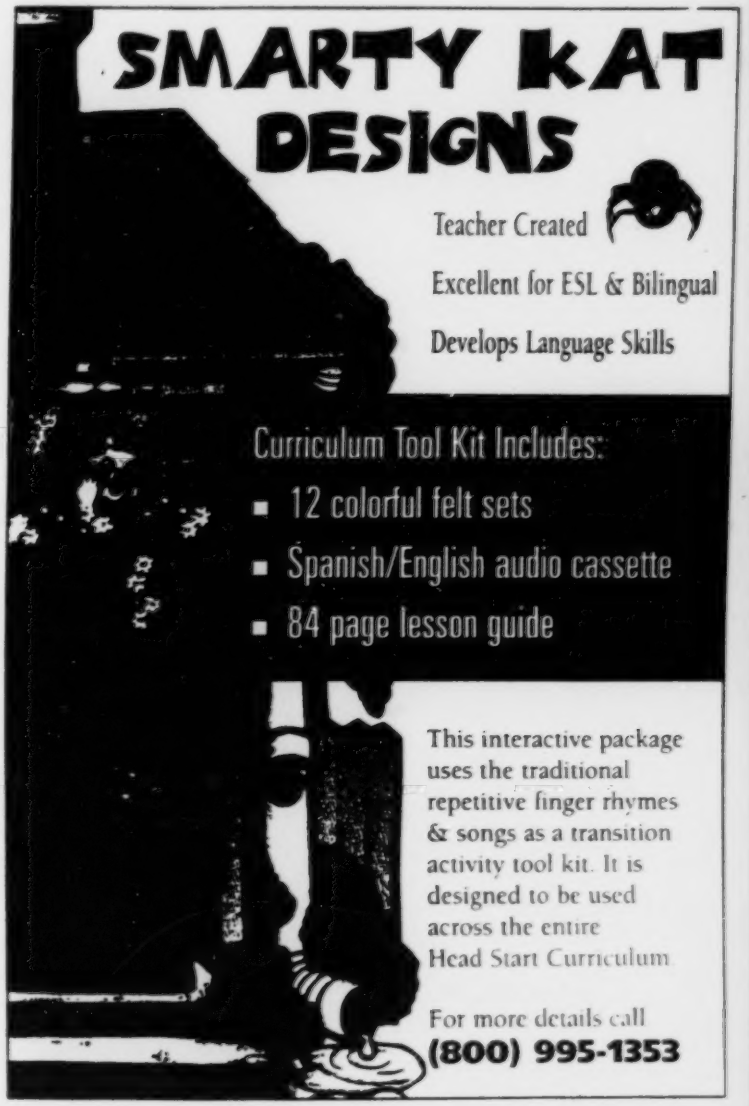

SMARTY kAT DESIGNS
Teacher Created
Excellent for ESL & Bilingual
Develops Language Skills
Curriculum Tool Kit Includes:
■ 12 colorful felt sets
■ Spanish/English audio cassette
■ 84 page lesson guide
This interactive package uses the traditional repetitive finger rhymes & songs as a transition activity tool kit. It is designed to be used across the entire Head Start Curriculum
For more details call
(800) 995-1353

Photo courtesy of McPherson County Early Childhood Center, McPherson, Kansas. Photographed by the author.

communities explore options on thorny issues.

The pioneers also stressed that choices build ownership. Staff members, including paraeducators and family volunteers, should be encouraged to make decisions about some parts of the blending that affect them.

Members of each of the seven communities credited the flexibility and enthusiasm of some staff members as critical to the success of their blended services. Yet other staff members experienced difficulty in coping with changes in their professional identities and roles, and these reluctant staff members were initially barriers to achieving high-quality blended services. Child progress through blended services was often cited as the key to winning over skeptical teachers or therapists.

Managing stress levels is also critical. Many children and families in Head Start and other programs likely to blend services with Head Start have more than their fair share of crises. This, in turn, may create a continually stressful climate for staff members. And change may intensify stress levels even more. In the case of blending services, change is the not-so-simple task of putting together a novel approach to early care and education, an approach with new staff configurations and potential differences in teaching styles. Under normal circumstances, group mental health training is important to staff members. But during a change like the one to blended services, the importance is magnified and group mental health training becomes critical to the success of the blend. The seven pioneer programs agree that a healthy staff with manageable stress levels is more likely to mean healthy children.

Shared training of teachers, therapists, and other personnel across funding agencies also helps create the blend and enable it to survive. Head Start has often taken the lead in making this shared training happen.

Ample funding and time must be found for staff development. Methods for developmentally appropriate practice and family support that all staff members can implement as a team provide a common foundation for blended services. In-service training on communication strategies, combined with follow-up activities and coaching, are especially valuable. And when agencies send staff members to conferences, employees across agencies should travel together. As simple as this is, this strategy builds personal bonds that then facilitate professional collaboration.

Staff members can also support blended services by being encouraged to train each other, make decisions, solve problems, and identify next steps. But to do this well, they must be given sufficient time for daily and weekly reflection. This includes time for scheduled meetings to help establish and maintain the blend, as well as time for informal conversations that nurture a climate of trust, information sharing, and mutual responsibility for children.

To reduce stress, it is key that the roles of all staff members are clearly defined. But it is also critical to maintain enough flexibility to meet the inevitable and unforeseen responsibilities that come with a new blend. Though pay, benefits, and responsibilities may differ, staff members must treat each other as a single team of equals with different expertise. Paperwork demands must be shared. Teachers must support all the children in the classroom and not focus attention on those of their "caseload." Similarly, paraeducators must assist all children, and not shadow only the children with Individual Education Programs. The policy must be that whenever difficult issues arise, staff members and families work to resolve them openly, frankly, and immediately.

BEST COPY AVAILABLE

During a change like the one to blended services, the importance of group mental health training is magnified.

Teachers and therapists also recommend carefully considering class composition when initiating blended services. Some combinations of children are so explosive or physically demanding that teachers in the pioneer programs advised administrators to look at combinations of individual child needs and staff expertise when determining staffing and service provisions for a new blend. Often, administrators are inclined to look only at adult-child ratios.

Finally, but foremost, remember that families are at the heart of every blend. They typically are committed to the learning and happiness of all young children. Families have valuable insights to contribute in all aspects of planning and implementing blended services, including the aspect of class composition. Be sure to keep families informed of possible changes in your program — especially of how those changes may or may not affect their children.

Building success in a program with blended services requires patience — with oneself and with others — for a true blend can't be created in a year. But in time, together we can. C&F

Sharon Rosenkoetter, Ph.D., coordinates early childhood programs for the Associated Colleges of Central Kansas, a consortium of private colleges. She serves on the executive board of the Division for Early Childhood (DEC), Council for Exceptional Children. Portions of this article appeared in DEC's magazine, Young Exceptional Children. *At its international conference, DEC will sponsor a day devoted to collaboration among Head Start, child care, early intervention, and early childhood special education.*

THE MAGAZINE OF THE NATIONAL HEAD START ASSOCIATION

AMMEX

EXCEED OSHA REGULATIONS

Barrier Protection Gloves

Protecting Staff and Children from Infectious Diseases

Latex Sensitivity

A complete line of gloves for those concerned with Latex Sensitivity

Powder Free Vinyl | Powder Free Latex | Powder Free Nitrile

ty

FREE!

BEANIES BABIES!

With Purchase of $85.00 (U.S.) of Infection Control Products *

- Germicidal Solutions
- Changing Table Paper
- First Aid Kits
- Instant Hand Cleaners

MasterCard DISCOVER VISA

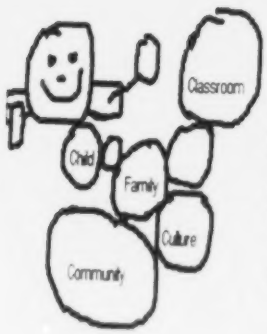
Call AMMEX • 800-274-7354

or email us at childcare@ammex.com

Fax (425) 251-8656 www.ammex.com

*Limited Time Offer

BEST COPY AVAILABLE



Me, Too!
Inside Preschool Inclusion

The Early Childhood Research Institute on Inclusion

Working together: Professionals develop new roles and relationships in inclusive settings

Early childhood programs support the inclusion of young children with disabilities in a variety of ways. In some settings, early childhood special education and early childhood education teachers may work more directly with each other than they have in the past, perhaps coteaching a single class. In other settings, special education teachers may consult with teachers and work with children in several different classrooms. This collaboration and direct participation in a variety of settings may also be a new role for related service providers such as speech and occupational therapy professionals.

No matter how a program supports preschool inclusion, teachers and other professionals often must learn new roles and develop new relationships with each other. An article by researchers with The Early Childhood Research Institute on Inclusion identifies essential elements in the development of positive roles and relationships by adults working in inclusive early childhood programs.

"As I look across the building the inclusion experiences that have been really positive have been those outgrowths of people that want to work together, are committed to working together..."
an early childhood center principal

Elements of positive professional roles in inclusive settings

Investment in the program. Participants are actively involved in developing the inclusive program and feel a personal interest in its success.

A shared philosophy. Adults working together have common goals and share similar beliefs about how to reach those goals.

Shared responsibility for all children. Each adult in the program is responsible for each child in the program. Every adult supports every child's educational goals.

Communication. Through planned meeting times and informal conversations early childhood educators, early childhood special educators, related service providers, and families discuss the program and the needs of individual children.

Flexibility in redefining roles. Staff members are able to let go of some aspects of their role, assume new roles, and allow others to share in their role. "I am not just a special educator in our model," says a coteacher of an inclusive class.

Stability in staffing. "All these different people get to know each other because they stay here. So when something like an inclusion effort comes along... There's a built-in and positive atmosphere...," explains a special education director.

Initiative. Individuals start the process of collaborating with others and developing new roles and relationships.

Administrative support. Administrators listen to and show confidence in staff. Resources are provided for training, team-building, and program planning.

Adult Roles
ECRII Brief #1
February, 1998

About the ECRII

The Early Childhood Research Institute on Inclusion (ECRII) is a national research project funded by the U.S. Department of Education for a five year period to study the inclusion of preschool children with disabilities in settings with typically developing children. The goal of ECRII is to identify factors that help inclusion work, factors that hinder inclusion, and strategies that may support the inclusion of young children with disabilities in classrooms and communities. This compreshensive study of preschool inclusion is being conducted by researchers at five universities in different regions across the country: San Francisco State University, the University of Maryland, the University of North Carolina, the University of Washington, and Vanderbilt University in Nashville, Tennessee.

About this brief

Information provided comes from an in-depth look at inclusion in 16 preschool programs across the country. The programs studied represent urban, suburban, and rural communities, culturally diverse adult and child participants, and many different ways of including young children with disabilities in typical settings. ECRII researchers have tried to describe and learn about inclusion from the viewpoint of the people most involved in it–children with and without disabilities, families, teachers, administrators, and policymakers. Data collection included interviews, classroom observations, and analysis of relevant documents. **This ECRII brief may be freely reproduced and disseminated provided appropriate reference is given.**

Brief source

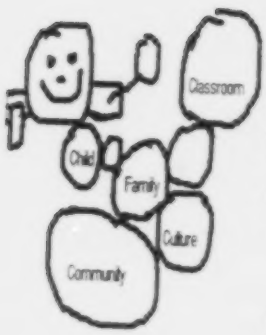
Lieber, J., Beckman, P. J., Hanson, M. J., Janko, S., Marquart, J. M., Horn, E., & Odom, S. L. (1997). The impact of changing roles on relationships between professionals in inclusive programs for young children. *Early Education and Development, 8*, 67-82.

The ECRII Researchers
Paula Beckman, Beth Brennan, Marci Hanson, Eva Horn, Susan Janko, Shouming Li, Joan Lieber, Jules Marquart, Sam Odom, Susan Sandall, Ilene Schwartz, Ruth Wolery

To learn more and join our mailing list contact

The Early Childhood Research Institute on Inclusion
Box 328, Peabody College
Vanderbilt University
Nashville, TN 37203

Visit our World Wide Web site at
http://www.inform.umd.edu/EDUC/Depts/ecrii/



Me, Too!
Inside Preschool Inclusion

The Early Childhood Research Institute on Inclusion

Toward a better understanding of inclusion

Since 1991, United States law has required public school systems to provide free, appropriate educational services to preschool-aged children with disabilities, beginning at age three. During the 1990s, great efforts have been made to address "appropriate" by including children with disabilities in classroom settings with typically developing peers. Although the benefits of inclusion have been well documented, school administrators, teachers, service providers and families have faced numerous challenges to successfully establishing inclusive programs. An article by researchers with the Early Childhood Research Institute on Inclusion presents the issues that interfere with the understanding and implementation of inclusion.

"...inclusion is influenced by a dynamic set of factors operating inside and outside the classroom."

Absence of a standard definition. Differing views and opinions about inclusion hinder communication across school systems, agencies, professionals and families. Establishing a standard definition that incorporates the viewpoints of all participants in the process might assist policymakers in making informed decisions about inclusion.

Insufficient research of typical settings. The majority of the research of inclusion has been conducted in model, university-based settings with lower teacher-student ratios and more children with disabilities than in most community childcare and preschool programs. Conducting research in settings more typical of the "real world" may provide additional information that could possibly improve the implementation of inclusion.

Underestimating the role of culture. Although many preschool and childcare programs serve multicultural communities, research has not adequately addressed the issues of cultural diversity in inclusive settings. Family cultural practices and native languages can create unique challenges to incorporating children with disabilities. Conducting research that examines the cultural context may further promote greater understanding and better implementation.

Lack of a multi-dimensional "big picture" approach to research. Most research has addressed one aspect of the inclusion process at a time. However, inclusion is influenced by a wide range of factors operating inside and outside the classroom. The learning environment itself is significantly shaped by the relationships among administrators, teachers and other professionals, families and children. A better understanding of the connections among all participants and the educational policies that affect them is essential to the process of effectively implementing inclusion.

Understanding Inclusion
ECRII Brief #2
July, 1998

About ECRII

The Early Childhood Research Institute on Inclusion (ECRII) is a national research project funded by the U.S. Department of Education for a five-year period to study the inclusion of preschool children with disabilities in settings with typically developing children. The goal of ECRII is to identify factors that help inclusion work, factors that hinder inclusion, and strategies that may support the inclusion of young children with disabilities in classrooms and communities. This comprehensive study of preschool inclusion is being done by researchers at five universities in different regions of the country: San Francisco State University, the University of Maryland, the University of North Carolina, the University of Washington, and Vanderbilt University in Nashville, Tennnesse.

About this brief

Information provided comes from an in-depth look at inclusion in 16 preschool programs across the country. The programs studied represent urban, suburban, and rural communities, culturally diverse adult and child participants, and many different ways of including young children with disabilities in typical settings. ECRII researchers have tried to describe and learn about inclusion from the viewpoint of the people most involved in it–children with and without disabilities, families, teachers, administrators, and policymakers. Data collection included interviews, classroom observations and analysis of relevant documents.

This ECRII brief may be freely reproduced and disseminated, provided appropriate reference is given.

Brief source

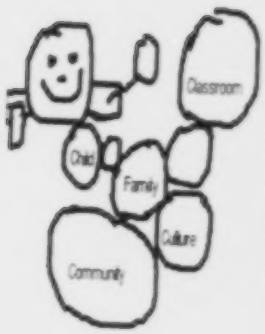
Odom, S. L., Peck, C. A., Hanson, M. J., Beckman, P. J., Kaiser, A. P., Lieber, J., Brown, W. H., Horn, E. M., & Schwartz, I. S. (1996). Inclusion at the preschool level: an ecological systems analysis. *Social Policy Report, 10*, 18-30.

The ECRII Researchers
Paula Beckman, Beth Brennan, Marci Hanson, Eva Horn, Susan Janko, Shouming Li, Joan Lieber, Jules Marquart, Sam Odom, Susan Sandall, Ilene Schwartz, Ruth Wolery

To learn more and join our mailing list contact

The Early Childhood Research Institute on Inclusion
Box 328, Peabody College
Vanderbilt University
Nashville, TN 37203

Visit our World Wide Web site at http://www.inform.umd.edu/EDUC/Depts/ecrii/



Me, Too!
Inside Preschool Inclusion

The Early Childhood Research Institute on Inclusion

Respecting diversity: the effect of language, culture, and disability on children's preschool experiences

"For children with disabilities, not speaking the dominant culture['s] language may further erode their social and learning opportunities, unless supports are provided."

Educators and administrators in preschool settings face many challenges incorporating children with special needs. The issue of inclusion becomes more complex because children differ with respect to linguistic and cultural backgrounds. The interaction among culture, language, and disability can have a tremendous impact on a child's sense of belonging in the classroom and school community, and can influence educational goals, such as developing social competence and increasing receptive and expressive skills.

These basic goals are greatly affected by a child's ability to communicate. Children with disabilities can have a more difficult time forming friendships and participating meaningfully in the full range of classroom activities. The obstacles may be even larger when the child's native language and culture differ from those of the majority of children at the preschool. A language and cultural barrier can also affect a program's ability to address a family's needs, and for families to communicate their concerns.

Adequately serving children with disabilities from culturally and linguistically diverse backgrounds is a tremendous challenge. An article by researchers with the Early Childhood Research Institute on Inclusion presents three family profiles, and the degree to which each family has been incorporated, or isolated from the classroom experience. The following issues were identified from this research:

Lack of identified or defined educational goals. Many IEPs and curricula lacked educational goals that addressed communication and bilingual issues, even though this was a priority identified by most families.

Participation in classroom activities affected by language and disability issues. The effects of language differences and disability conditions may interact to form barriers to children's participation in classroom activities.

Interactions and abilities to form friendships influenced by language. Effective communication systems are important to children in forming friendships and social interaction.

Communication between home and school compromised. When professionals and parents do not share a common language, communication between home and school may not be established or may break down.

Lack of translation/interpretation and training in cultural/linguistic issues. Both parents and professionals expressed the need for appropriate translation and interpreter services, and training for personnel related to cultural and language issues.

Respecting diversity
ECRII Brief #3
July, 1998

(over)

In the most successful circumstances, comprehensive and coordinated planning, collaborative efforts between families and professionals, increased interpretation services, and staff training in language and multi-cultural issues have been shown to significantly improve a child's chances for meaningful inclusion in the classroom, and the family's involvement in the community as a whole.

About ECRII

The Early Childhood Research Institute on Inclusion (ECRII) is a national research project funded by the U.S. Department of Education for a five-year period to study the inclusion of preschool children with disabilities in settings with typically developing children. The goal of ECRII is to identify factors that help inclusion work, factors that hinder inclusion, and strategies that may support the inclusion of young children with disabilities in classrooms and communities. This comprehensive study of preschool inclusion is being done by researchers at five universities in different regions of the country: San Francisco State University, the University of Maryland, the University of North Carolina, the University of Washington, and Vanderbilt University in Nashville, Tennnesse.

About this brief

Information provided comes from an in-depth look at inclusion in 16 preschool programs across the country. The programs studied represent urban, suburban, and rural communities, culturally diverse adult and child participants, and many different ways of including young children with disabilities in typical settings. ECRII researchers have tried to describe and learn about inclusion from the viewpoint of the people most involved in it–children with and without disabilities, families, teachers, administrators, and policymakers. Data collection included interviews, classroom observations, and analysis of relevant documents. **This ECRII brief may be freely reproduced and disseminated, provided appropriate reference is given**.

Brief source

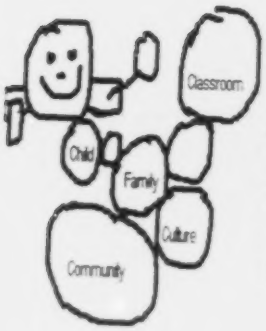
Beckman, P., Barnwell, D., Horn, E., Hanson, M., Gutierrez, S., & Leiber, J. (1998). Communities, families, and inclusion. *Early Childhood Research Quarterly, 13*, 125-150.

The ECRII Researchers
Paula Beckman, Marci Hanson, Eva Horn, Susan Janko, Shouming Li, Joan Lieber, Jules Marquart, Sam Odom, Susan Sandall, Ilene Schwartz, Ruth Wolery

To learn more and join our mailing list contact

The Early Childhood Research Institute on Inclusion
Box 328, Peabody College
Vanderbilt University
Nashville, TN 37203

Visit our World Wide Web site at http://www.inform.umd.edu/EDUC/Depts/ecrii/



Me, Too!
Inside Preschool Inclusion

The Early Childhood Research Institute on Inclusion

Words and actions: How teachers' differing beliefs about inclusion affect classroom practices

"We found that, although our teachers used similar phrases to describe inclusion, they imbued these phrases with a wide variety of meanings."

It is widely accepted that inclusive educational environments are beneficial both to children with disabilities and their nondisabled peers. Nondisabled children have an opportunity to experience a diversity of abilities, and children with disabilities have opportunities to model the social and linguistic skills of their more competent classmates. However, the degree to which both of these groups of children benefit from an inclusive setting depends greatly on educators' beliefs about inclusion and the ways in which they implement those beliefs in their programs. Providing an appropriate educational environment that serves all children is a terrific challenge facing administrators, teachers, and the families who participate in these programs.

Teachers differ in how they structure their classrooms and design lesson plans for inclusive classrooms. Many of those differences stem from two contrasting teacher perceptions of the classroom setting: the view that the classroom is a group where all participants are expected to conform to the whole, and the view that the group is made up of individuals with different personalities, skills and needs. In the first model, instruction is offered in a similar way to all children. In the second model, instruction is modified so that children with a range of abilities can participate.

Another important factor that affects the preschool educational environment is whether educators choose to ignore, explain or celebrate the differences among children in their mediation and support of peer interactions. The teachers who choose to ignore differences express the need that kids have to blend in and not be singled out. Teachers who choose to explain differences want to respond to children's questions and natural curiosity about uncommon situations. Those who choose to celebrate differences feel the need to highlight and respect the unique qualities of the individual child.

There is a wide variety of opinions concerning how children in preschools benefit from inclusion and in defining exactly what inclusion means. For some teachers, proximity itself satisfies their definition of an inclusive educational environment. For others, inclusion implies a complete and full participation in all social and educational aspects of the classroom. These differences in beliefs and the influence they have on program implementation have a profound effect on the quality of preschool education for children with disabilities and their nondisabled peers. An article by researchers with The Early Childhood Research Institute on Inclusion examines these types of preschool settings and the attitudes and actions of educators in each circumstance.

Beliefs and actions
ECRII Brief #4
October, 1998

About ECRII

The Early Childhood Research Institute on Inclusion (ECRII) is a national research project funded by the U.S. Department of Education for a five-year period to study the inclusion of preschool children with disabilities in settings with typically developing children. The goal of ECRII is to identify factors that help inclusion work, factors that hinder inclusion, and strategies that may support the inclusion of young children with disabilities in classrooms and communities. This comprehensive study of preschool inclusion is being done by researchers at five universities in different regions of the country: San Francisco State University, the University of Maryland, the University of North Carolina, the University of Washington, and Vanderbilt University in Nashville, Tennnesse.

About this brief

Information provided comes from an in-depth look at inclusion in 16 preschool programs across the country. The programs studied represent urban, suburban, and rural communities, culturally diverse adult and child participants, and many different ways of including young children with disabilities in typical settings. ECRII researchers have tried to describe and learn about inclusion from the viewpoint of the people most involved in it–children with and without disabilities, families, teachers, administrators, and policymakers. Data collection included interviews, classroom observations, and analysis of relevant documents.

This ECRII brief may be freely reproduced and disseminated, provided appropriate reference is given.

Brief source

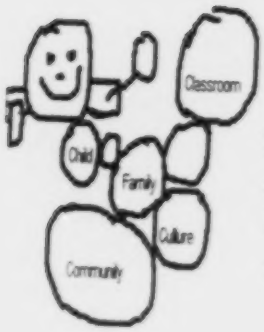
Lieber, J., Capell, K., Sandall, S. R., Wolfberg, P., Horn, E., & Beckman, P. (1998). Inclusive preschool programs: Teachers' beliefs and practices. *Early Childhood Research Quarterly, 13*, 87-106.

The ECRII Researchers
Paula Beckman, Marci Hanson, Eva Horn, Susan Janko, Shouming Li, Joan Lieber, Jules Marquart, Sam Odom, Susan Sandall, Ilene Schwartz, Ruth Wolery

To learn more and join our mailing list contact

The Early Childhood Research Institute on Inclusion
Box 328, Peabody College
Vanderbilt University
Nashville, TN 37203

Visit our World Wide Web site at http://www.inform.umd.edu/EDUC/Depts/ecrii



Me, Too!
Inside Preschool Inclusion

The Early Childhood Research Institute on Inclusion

Part of the community: Factors that influence the way children with disabilities participate in society

For a child with a disability, being included in a classroom setting with typically developing peers provides an opportunity to experience a full range of social, expressive, and receptive skills. Much has been written about the benefits of inclusive preschool environments. However, the quality of a person's life depends on participation in the world beyond the classroom, in the neighborhood, in the community, and in society at large. Developing enduring relationships in those settings is integral to a person's sense of belonging.

Many factors promote and limit a child's involvement in his or her community. The same factors may help or hinder the family's inclusion in society. Several of these conditions exist for all families, whether or not they include a member with a disability. An article by researchers with the Early Childhood Research Institute on Inclusion examines the issues affecting participation in, or isolation from, the community.

"...kids are constantly saying, 'Hi Henry,....' ...I've gotten to know everybody.... But Henry is becoming as popular as I am. He gets to know so many people. It really amazes me."
– Henry's father

The following circumstances can inhibit a family's involvement in the community:

- neighborhood instability and safety issues
- lack of neighborhood peers
- concern about negative peer influences
- limited financial resources and lack of transportation
- hectic family schedules
- certain aspects of a child's disability
- lack of environmental accessibility

The following conditions can promote a family's participation in the community:

- social contacts and a support system
- family's sense of community
- proximity to peers
- school-community connections
- appealing child characteristics
- accessibility of environmental adaptations

The families who feel the most involved in their communities participate in a variety of social situations, including attending organized school, neighborhood, and religious activities, visiting community parks and swimming pools and having regular interactions with extended families.

(over)

Community participation
ECRII Brief #5
July, 1998

When peers play together and families connect across a multitude of settings, the family's sense of community is much stronger. In addition, many families actively encourage their children's involvement by creating opportunities for social interactions with peers. All of these approaches promote enduring social relationships, which is the foundation for being part of a community.

About ECRII

The Early Childhood Research Institute on Inclusion (ECRII) is a national research project funded by the U.S. Department of Education for a five-year period to study the inclusion of preschool children with disabilities in settings with typically developing children. The goal of ECRII is to identify factors that help inclusion work, factors that hinder inclusion, and strategies that may support the inclusion of young children with disabilities in classrooms and communities. This comprehensive study of preschool inclusion is being done by researchers at five universities in different regions of the country: San Francisco State University, the University of Maryland, the University of North Carolina, the University of Washington, and Vanderbilt University in Nashville, Tennnesse.

About this brief

Information provided comes from an in-depth look at inclusion in 16 preschool programs across the country. The programs studied represent urban, suburban, and rural communities, culturally diverse adult and child participants, and many different ways of including young children with disabilities in typical settings. ECRII researchers have tried to describe and learn about inclusion from the viewpoint of the people most involved in it–children with and without disabilities, families, teachers, administrators, and policymakers. Data collection included interviews, classroom observations, and analysis of relevant documents. **This ECRII brief may be freely reproduced and disseminated, provided appropriate reference is given.**

Brief source

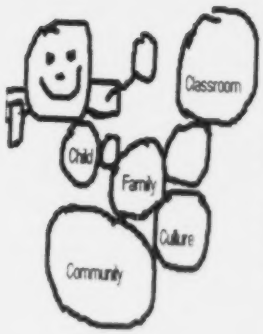
Beckman, P., Barnwell, D., Horn, E., Hanson, M., Gutierrez, S., & Leiber, J. (1998). Communities, families, and inclusion. *Early Childhood Research Quarterly, 13*, 125-150.

The ECRII Researchers
Paula Beckman, Marci Hanson, Eva Horn, Susan Janko, Shouming Li, Joan Lieber, Jules Marquart, Sam Odom, Susan Sandall, Ilene Schwartz, Ruth Wolery

To learn more and join our mailing list contact

The Early Childhood Research Institute on Inclusion
Box 328, Peabody College
Vanderbilt University
Nashville, TN 37203

Visit our World Wide Web site at http://www.inform.umd.edu/EDUC/Depts/ecrii/



Me, Too!
Inside Preschool Inclusion

The Early Childhood Research Institute on Inclusion

How inclusion works: The beliefs and experiences of those who implement and participate in inclusive programs

What occurs in classrooms on a daily basis,... what educators believe, and how families express what they want and make sense of what they receive, provides clues about what inclusion means to those who experience it.

During the last decade, the number of preschoolers with disabilities who participate partially or fully in inclusive settings has grown significantly. The benefits of an inclusive educational experience for children with disabilities and their non-disabled peers have been well documented. Less is known about the meaning of inclusion for the administrators and educators who implement the integrated programs and the families who participate in them. An article by researchers with the Early Childhood Research Institute on Inclusion examines the sometimes surprising differences between the theory of inclusion and the implementation of inclusive practices. Several of the researchers' most significant findings are summarized below.

- **Beliefs Versus Behaviors** Different interpretations of the meaning of inclusion resulted in a wide range of types of inclusive settings. The actions of administrators, educators, and families were often inconsistent with their stated views about inclusion. In some cases, centers that were considered to be proponents of inclusion regularly recommended segregated settings for children with more challenging behaviors. Often, individualized services were inadequate for promoting full participation by children with disabilities, and teachers and directors lacked the skills and training to fully implement inclusive programs.

- **The Where and When of Specialized Instruction** In many situations, educators had difficulty defining specialized instruction and finding appropriate times to incorporate IEP goals and objectives into classroom routines. In combined categorical programs, it was frequently unclear which individuals were responsible for developing, implementing, and evaluating those goals. In some instances, adults' attempts to implement specialized instruction interfered with children's interactions and participation in the classroom. Inadequate teacher training and staff-to-child ratios hindered the quality of specialized instruction, especially for children with challenging behaviors.

- **Open Versus Closed Door Programs** Researchers found a variety of ways in which centers welcomed or inhibited children and families from participating in programs. In some cases, parents felt their child had to work to "earn" a placement in an inclusive classroom setting, and to overcome the negative attitudes of administrators and multi-disciplinary teams. In other cases, parents found willingness on the part of administrators and teachers to schedule regular meetings to evaluate the best possible placements for their children. The proximity of the inclusive classroom to the rest of the school greatly affected the amount of participation by the child and family in the workings of the school community, in positive and negative ways. In the best situations, the interconnections among children, families, and staff contributed to an open door environment that allowed all participants to take full advantage of inclusive opportunities.

- **Institutional Versus Child and Family Time** The degree to which school

(over)

How inclusion works
ECRII Brief #6
September, 1998

personnel and program planners respected families' time constraints played a major role in families' participation in the school community, and their ability to access inclusive programming. Due to the circumstances of particular placements, some children spent more time in transit than receiving individualized services. When administrators were insensitive to families' busy schedules, communication and services suffered. In other centers, flexibility on the part of school personnel encouraged participation by allowing families to deliver and collect their children according to their own schedules. In some settings, frequent informal meetings enhanced the relationships and communication between families and staff.

In order to enhance families' participation in school communities and increase the benefits of inclusive education, the researchers suggest organizations:

- Support staff in their efforts to become competent professionals
- Schedule services that match the daily schedules of children and families
- Encourage open communication with families to ensure appropriate placements.

About ECRII

The Early Childhood Research Institute on Inclusion (ECRII) is a national research project funded by the U.S. Department of Education for a five-year period to study the inclusion of preschool children with disabilities in settings with typically developing children. The goal of ECRII is to identify factors that help inclusion work, factors that hinder inclusion, and strategies that may support the inclusion of young children with disabilities in classrooms and communities. This comprehensive study of preschool inclusion is being done by researchers at five universities in different regions of the country: San Francisco State University, the University of Maryland, the University of North Carolina, the University of Washington, and Vanderbilt University in Nashville, Tennnesse.

About this brief

Information provided comes from an in-depth look at inclusion in 16 preschool programs across the country. The programs studied represent urban, suburban, and rural communities, culturally diverse adult and child participants, and many different ways of including young children with disabilities in typical settings. ECRII researchers have tried to describe and learn about inclusion from the viewpoint of the people most involved in it–children with and without disabilities, families, teachers, administrators, and policymakers. Data collection included interviews, classroom observations, and analysis of relevant documents. **This ECRII brief may be freely reproduced and disseminated, provided appropriate reference is given.**

Brief source

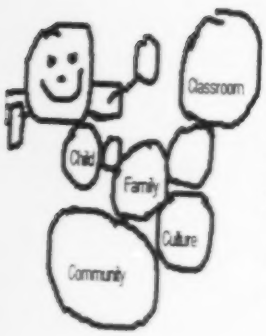
Janko, S., Schwartz, I., Sandall, S., Anderson, L., & Cottam, C. (1996). Beyond microsystems: Unanticipated lessons about the meaning of inclusion. *Topics in Early Childhood Special Education, 17*, 286-306.

The ECRII Researchers
Paula Beckman, Marci Hanson, Eva Horn, Susan Janko, Shouming Li, Joan Lieber, Jules Marquart, Sam Odom, Susan Sandall, Ilene Schwartz, Ruth Wolery

To learn more and join our mailing list contact

The Early Childhood Research Institute on Inclusion
Box 328, Peabody College
Vanderbilt University
Nashville, TN 37203

Visit our World Wide Web site at http://www.inform.umd.edu/EDUC/Depts/ecrii/



Me, Too!
Inside Preschool Inclusion

The Early Childhood Research Institute on Inclusion

The culture of inclusion: How cultural and disability issues influence the implementation and effectiveness of inclusive classroom settings

"There are several aspects to this philosophy [of inclusion]... an appreciation of all children as unique individuals with varying abilities and needs [and] a belief in the correctness of including young children with disabilities"

One of the most important aspects of a positive early education experience is the recognition of each child in the program as a unique individual. Appropriately supporting young children in these environments includes accepting and being responsive to differing abilities and interests. In today's multi-cultural society, programs must also recognize the differences in language, social class, heritage, ethnic origins, geographic location, and religion of the preschool population. Adapting programming to accommodate this great diversity is a significant challenge to administrators, educators and service providers, especially where children with disabilities are concerned. An article by researchers with the Early Childhood Research Institute on Inclusion examines how early education programs acknowledge and support the particular interests and needs of children and their families.

Researchers discovered that culture is a central issue in preschool education, and has a considerable effect on:

- the views of families and educators about child-rearing, learning and education, disabilities, and the meaning of inclusion
- the ability of families and educators to gather and exchange information
- the communication abilities and social relationships of children and families .

Of great importance to a successful preschool experience is the ability of children to achieve a sense of belonging and membership in the peer culture. Researchers found that preschoolers typically approach peers who seem familiar and share a common interest in materials and activities. A major barrier to peer acceptance is the inability of children to communicate because of a disability or because the children do not share a common language.

Equally significant is the social and political climate in the larger communities where families live. Policies and practices related to inclusion are profoundly influenced by the history of special education in these communities. In addition, the cultural perspectives of families affect their expectations for children, social relationships, and beliefs concerning disability issues, education in general, and the value of inclusion.

The philosophies and practices of the community and classroom *can* have a positive effect on inclusive settings. Full inclusion is a possibility when communities and classrooms:

- recognize and celebrate diversity
- support the right of individuals to participate fully in society
- appreciate all children as unique individuals with varying abilities and needs.

Culture of inclusion
ECRII Brief #7
October, 1998

About ECRII

The Early Childhood Research Institute on Inclusion (ECRII) is a national research project funded by the U.S. Department of Education for a five-year period to study the inclusion of preschool children with disabilities in settings with typically developing children. The goal of ECRII is to identify factors that help inclusion work, factors that hinder inclusion, and strategies that may support the inclusion of young children with disabilities in classrooms and communities. This comprehensive study of preschool inclusion is being done by researchers at five universities in different regions of the country: San Francisco State University, the University of Maryland, the University of North Carolina, the University of Washington, and Vanderbilt University in Nashville, Tennessee.

About this brief

Information provided comes from an in-depth look at inclusion in 16 preschool programs across the country. The programs studied represent urban, suburban, and rural communities, culturally diverse adult and child participants, and many different ways of including young children with disabilities in typical settings. ECRII researchers have tried to describe and learn about inclusion from the viewpoint of the people most involved in it–children with and without disabilities, families, teachers, administrators, and policymakers. Data collection included interviews, classroom observations, and analysis of relevant documents.

This ECRII brief may be freely reproduced and disseminated, provided appropriate reference is given.

Brief source

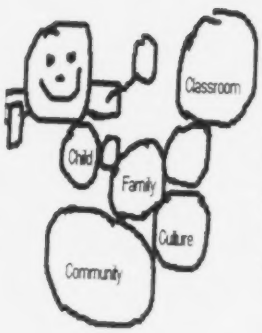
Hanson, M. J., Wolfberg, P., Zercher, C., Morgan, M., Gutierrez, S., Barnwell, D., & Beckman, P. J. (1998). The culture of inclusion: recognizing diversity at multiple levels. *Early Childhood Research Quarterly, 13*, 185-209.

The ECRII Researchers
Paula Beckman, Marci Hanson, Eva Horn, Susan Janko, Shouming Li, Joan Lieber, Jules Marquart, Sam Odom, Susan Sandall, Ilene Schwartz, Ruth Wolery

To learn more and join our mailing list contact

The Early Childhood Research Institute on Inclusion
Box 328, Peabody College
Vanderbilt University
Nashville, TN 37203

Visit our World Wide Web site at http://www.inform.umd.edu/EDUC/Depts/ecrii/



Me, Too!
Inside Preschool Inclusion

The Early Childhood Research Institute on Inclusion

Teaching all children: Challenges to providing early intervention services in inclusive settings

"...a challenge for the field of ECSE is how to facilitate, support and maintain the meaningful participation of children with disabilities in the activities of inclusive ECE programs"

The Individuals with Disabilities Education Act guarantees a free, appropriate public education for all three to five year old children with disabilities. This influential law states that special education services will be provided in the least restrictive environment, including community settings in which children without disabilities participate. Previously, most children with disabilities were served in segregated schools or classrooms. Combining children with and without disabilities has greatly benefited both sets of children. At the same time, it has created unique challenges for school administrators and teachers attempting to incorporate all children and promote an appropriate and satisfactory educational experience for a classroom full of children with varying abilities and needs. An article by researchers with the Early Childhood Research Institute on Inclusion examines the particular ways in which professionals successfully provide educational services in inclusive classroom settings.

Despite the differences among children, many of the educational goals remain the same. These include:

- **Becoming more confident learners**
- **Learning to interact positively with peers**
- **Learning to respect others**
- **Learning to communicate effectively**
- **Acquiring and using problem-solving skills.**

Through a review of the research and state of the practice, we've identified certain strategies that facilitate, support, and maintain the meaningful participation of children with disabilities, and address the children's individual goals and objectives. These are:

- **Providing environmental support** by arranging the physical space, offering materials that promote learning, and encouraging proximity to peers
- **Adapting materials** by stabilizing, enlarging, or otherwise modifying materials to increase participation by all children
- **Simplifying activities** by dividing a routine into smaller parts or reducing the number of steps to accomplish a task

Teaching all children
ECRII Brief #8
October, 1998

(over)

- **Using children's preferences** in identifying materials and activities that are of particular interest to individual children
- **Providing adult and peer support** through feedback, prompts, or hand-over-hand assistance
- **Providing special equipment** such as adaptive equipment or technology that allows more participation by all children.

About ECRII

The Early Childhood Research Institute on Inclusion (ECRII) is a national research project funded by the U.S. Department of Education for a five-year period to study the inclusion of preschool children with disabilities in settings with typically developing children. The goal of ECRII is to identify factors that help inclusion work, factors that hinder inclusion, and strategies that may support the inclusion of young children with disabilities in classrooms and communities. This comprehensive study of preschool inclusion is being done by researchers at five universities in different regions of the country: San Francisco State University, the University of Maryland, the University of North Carolina, the University of Washington, and Vanderbilt University in Nashville, Tennessee.

About this brief

Information provided comes from an in-depth look at inclusion in 16 preschool programs across the country. The programs studied represent urban, suburban, and rural communities, culturally diverse adult and child participants, and many different ways of including young children with disabilities in typical settings. ECRII researchers have tried to describe and learn about inclusion from the viewpoint of the people most involved in it–children with and without disabilities, families, teachers, administrators, and policymakers. Data collection included interviews, classroom observations, and analysis of relevant documents. **This ECRII brief may be freely reproduced and disseminated, provided appropriate reference is given.**

Brief source

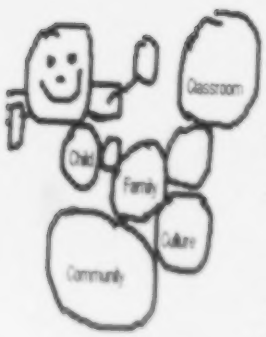
Lieber, J., Schwartz, I., Sandall, S., Horn, E., & Wolery, R. A. (in press). Curricular considerations for young children in inclusive settings. In C. Seefeldt (Ed.), *The early childhood curriculum: A review of current research*. New York: Teachers College Press.

The ECRII Researchers
Paula Beckman, Marci Hanson, Eva Horn, Susan Janko, Shouming Li, Joan Lieber, Jules Marquart, Sam Odom, Susan Sandall, Ilene Schwartz, Ruth Wolery

To learn more and join our mailing list contact

The Early Childhood Research Institute on Inclusion
Box 328, Peabody College
Vanderbilt University
Nashville, TN 37203

Visit our World Wide Web site at http://www.inform.umd.edu/EDUC/Depts/ecrii/



Me, Too!
Inside Preschool Inclusion

The Early Childhood Research Institute on Inclusion

Defining types of inclusive programs and services

Many programs across the country are labeled as "inclusive," but the settings and the services provided in those settings are very different. A child with a disability might spend the entire day with non-disabled peers, or just be included for short segments of the classroom schedule. Programs are generally referred to as "inclusive" regardless of the amount of time spent together or the ratio of children with and without disabilities.

...to engage in informed discussion about inclusion, one must first understand the different forms that exist.

An article by researchers with the Early Childhood Research Institute on Inclusion examines and labels the range of inclusive programs and services. First, the researchers explore the variety of ways in which inclusive education programs are organized and administered. These include:

- **Community-based Child Care** Children attend nonprofit and for-profit preschools and child care centers located outside of public school buildings. Both the community-based child care and the public school agencies participate in the funding and organization of these programs.
- **Head Start Programs** Children attend programs which Head Start agencies fund and organize.
- **Public School Early Childhood Education** Children attend early childhood and early childhood special education classes in public schools. These programs are operated through public funds.
- **Public School-Head Start Combination** Children attend Head Start classrooms away from or within public school buildings. In these settings, the public school system administers the contract for Head Start services.
- **Public School Child Care** Children attend tuition-based child care programs organized by the public school system.
- **Dual Enrollment** Children divide their days between early childhood education programs and inclusive or nonintegrated special education programs.

Second, the researchers detail the range of inclusive services available to children with disabilities. These include:

- **Itinerant Teaching Model—Direct Service** Services are provided regularly by visiting special education teachers and other service providers in early childhood education settings.
- **Itinerant Teaching Model—Collaborative/Consultative** Special education teachers and service providers consult with early childhood teachers to incorporate individualized goals into the classroom curriculum.

(over)

Types of inclusion
ECRII Brief #9
October, 1998

- **Team Teaching Model** Early childhood and special education teachers share teaching roles in the same classroom, collaborating on planning and leading activities.
- **Early Childhood Teacher Model** Early childhood teachers plan, implement, and supervise classroom activities for children with and without disabilities.
- **Early Childhood Special Education** Early childhood special education teachers plan, implement, and supervise classroom activities. Children without disabilities are brought into the classroom.
- **Integrative/Inclusive Activities** Children with and without disabilities attend separate classrooms, but participate in joint activities for a portion of the day.

About ECRII

The Early Childhood Research Institute on Inclusion (ECRII) is a national research project funded by the U.S. Department of Education for a five-year period to study the inclusion of preschool children with disabilities in settings with typically developing children. The goal of ECRII is to identify factors that help inclusion work, factors that hinder inclusion, and strategies that may support the inclusion of young children with disabilities in classrooms and communities. This comprehensive study of preschool inclusion is being done by researchers at five universities in different regions of the country: San Francisco State University, the University of Maryland, the University of North Carolina, the University of Washington, and Vanderbilt University in Nashville, Tennnesse.

About this brief

Information provided comes from an in-depth look at inclusion in 16 preschool programs across the country. The programs studied represent urban, suburban, and rural communities, culturally diverse adult and child participants, and many different ways of including young children with disabilities in typical settings. ECRII researchers have tried to describe and learn about inclusion from the viewpoint of the people most involved in it–children with and without disabilities, families, teachers, administrators, and policymakers. Data collection included interviews, classroom observations, and analysis of relevant documents. **This ECRII brief may be freely reproduced and disseminated, provided appropriate reference is given.**

Brief source

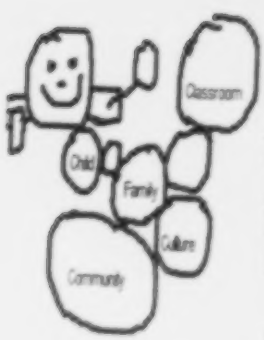
Odom, S. L. et al (in press). On the forms of inclusion: Organizational context and individualized service delivery models. *Journal of Early Intervention*.

The ECRII Researchers
Paula Beckman, Marci Hanson, Eva Horn, Susan Janko, Shouming Li, Joan Lieber, Jules Marquart, Sam Odom, Susan Sandall, Ilene Schwartz, Ruth Wolery

To learn more and join our mailing list contact

The Early Childhood Research Institute on Inclusion
Box 328, Peabody College
Vanderbilt University
Nashville, TN 37203

Visit our World Wide Web site at http://www.inform.umd.edu/EDUC/Depts/ecrii/



Me, Too!
Inside Preschool Inclusion

The Early Childhood Research Institute on Inclusion

How preschools promote inclusive practices: Lessons from two case studies

"None of us has any magic- through our collective work we can get something done"
–an ECE teacher

The number of preschool programs serving children with disabilities has grown considerably in recent years. Successfully providing appropriate services in these educational settings requires extensive planning, and the cooperation and collaboration of numerous professionals. This is particularly evident in inclusive settings, where children with disabilities co-exist with their non-disabled peers. In many cases, early education teachers and special education teachers must combine their unique skills to develop a mutually acceptable approach to teaching. An article by researchers with the Early Childhood Research Institute on Inclusion focuses on two preschool settings where inclusive practices have been successfully implemented.

Jimmy's Classroom: A Collaborative Team Model Jimmy, a child with autism, attended a community-based child care. In this setting, special educators, service providers, childcare center staff, and the family participated in the planning and implementation of Jimmy's IEP goals. The success of this model was based on several key factors:

- the staff viewed Jimmy's inclusion in the program as "a challenge" and "a big learning opportunity"
- initially, additional staffing support was provided by the school system to help train the team
- the child care teachers and early childhood special education staff were able to blend their different teaching philosophies into a working model
- through informal and formal meetings, and the use of a central notebook, communication between the team members was greatly enhanced.

Sandy and Jane: A Team Teaching Approach At the Winwood Early Childhood Center, children with disabilities and their non-disabled peers attended separate classrooms, but had some activities together. Then the principal asked one "buddy class" pair to combine classes for the majority of the school day. Sandy and Jane agreed, and formed a team-teaching partnership. The success of this model was based on:

- the teachers' ability to create and sustain a team teaching approach
- the teachers' willingness to relinquish "ownership" of their separate classrooms
- blending different expectations of the children and different teaching methods
- enhancing communication through informal meetings and joint planning

Promoting inclusive practices
ECRII Brief #10
October, 1998

(over)

- the teachers' leadership role in promoting similar inclusive strategies in other classrooms.

The success of both programs relied greatly on the flexibility of all the professionals involved, and their acceptance and incorporation of each others' skills, knowledge, and experience.

About ECRII

The Early Childhood Research Institute on Inclusion (ECRII) is a national research project funded by the U.S. Department of Education for a five-year period to study the inclusion of preschool children with disabilities in settings with typically developing children. The goal of ECRII is to identify factors that help inclusion work, factors that hinder inclusion, and strategies that may support the inclusion of young children with disabilities in classrooms and communities. This comprehensive study of preschool inclusion is being done by researchers at five universities in different regions of the country: San Francisco State University, the University of Maryland, the University of North Carolina, the University of Washington, and Vanderbilt University in Nashville, Tennnesse.

About this brief

Information provided comes from an in-depth look at inclusion in 16 preschool programs across the country. The programs studied represent urban, suburban, and rural communities, culturally diverse adult and child participants, and many different ways of including young children with disabilities in typical settings. ECRII researchers have tried to describe and learn about inclusion from the viewpoint of the people most involved in it–children with and without disabilities, families, teachers, administrators, and policymakers. Data collection included interviews, classroom observations, and analysis of relevant documents. **This ECRII brief may be freely reproduced and disseminated, provided appropriate reference is given.**

Brief source

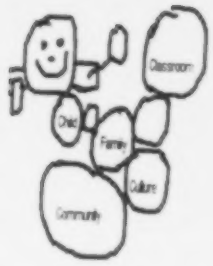
Lieber, J. A., Beckman, P. J., & Horn, E. (in press). Working together to provide services for young children with disabilities: Lessons from inclusive programs. In S. Grahman & K. Harris (Eds.), *Working together*. Cambridge, MA: Brookline Books.

The ECRII Researchers
Paula Beckman, Marci Hanson, Eva Horn, Susan Janko, Shouming Li, Joan Lieber, Jules Marquart, Sam Odom, Susan Sandall, Ilene Schwartz, Ruth Wolery

To learn more and join our mailing list contact

The Early Childhood Research Institute on Inclusion
Box 328, Peabody College
Vanderbilt University
Nashville, TN 37203

Visit our World Wide Web site at http://www.inform.umd.edu/EDUC/Depts/ecrii/



Me, Too!
Inside Preschool Inclusion

The Early Childhood Research Institute on Inclusion

Inclusion is about belonging and participating in a diverse society.

- Inclusion is not just a school issue - it extends to the communities in which children and their families live.
- Inclusion is not only a disability issue; all children and families have a right to participate and be supported in the schools and community.

For more information see:

*Odom, S. L. et al. (1996). Inclusion at the preschool level: An ecological systems analysis. *SRCD Social Policy Report, 10,* 18-30.

*Hanson, M. J. et al. (1998) The culture of inclusion: Recognizing diversity at multiple levels. *Early Childhood Research Quarterly, 13,* 185-210.

Individuals – teachers, families, administrators – define inclusion differently.

- Levels of the ecological system, priorities and responsibilities influence definitions of inclusion.
- People within the same system (e.g., one school or school district) may have extremely different views of inclusion.

For more information see:

*Beckman, P. J. et al. (1998). Communities, families, and inclusion. *Early Childhood Research Quarterly, 13,* 125-150.

*Odom, S. L. et al. (in press). On the forms of inclusion: Context and service delivery models. *Journal of Early Intervention.*

Beliefs about inclusion influence its implementation.

- The beliefs about schooling that families and professionals bring with them to the classroom influence how inclusive practices are planned and implemented; these beliefs are influenced by many complex factors.
- Beliefs about human diversity - culture, race, language, class, ability - influence how inclusion is implemented in schools and communities.

For more information see:

*Hanson, M. J., Gutierrez, S., Morgan, M., Brennan, E. L., & Zercher, C. (1997). Language, culture and disability: Interacting influences on preschool education. *Topics in Early Childhood Education, 17,* 307-337.

*Lieber, J., Capell, K., Sandall, S. R., Wolfberg, P., Horn, E., & Beckman, P. J. (1998). Inclusive preschool programs: Teachers' beliefs and practices. *Early Childhood Research Quarterly, 13,* 87-106.

Programs, not children, have to be "ready for inclusion."

- The most successful inclusive programs view inclusion as the starting point for all children.
- Inclusion can be appropriate for all children; making it work successfully depends on planning, training and support.

For more information see:

*Janko, S., Schwartz, I. S., Sandall, S., Anderson, K., & Cottam, C. (1997). Beyond microsystems: Unanticipated lessons about the meaning of inclusion. *Topics in Early Childhood Special Education, 17,* 286-306.

Eight inclusion
synthesis points
ECRII Brief #11
October, 1998

(over)

Collaboration is the cornerstone to effective inclusive programs.

- Collaboration among adults, including professionals and parents, within and across systems and programs is essential to inclusive programs.
- Collaboration among adults, from different disciplines and often with different philosophies, is one of the greatest challenges to successful implementation of inclusive programs.

For more information see:

*Lieber, J. A. et al (1997). The impact of changing roles on relationships between adults in inclusive programs for young children. *Early Education and Development, 8*, 67-82.

*Lieber, J., Beckman, P. J., & Horn, E. (in press). Working together to provide services for young children with disabilities: Lessons from inclusive preschool programs. In S. Graham & K. Harris (Eds.), *Working together*. Cambridge, MA: Brookline Books.

Specialized instruction is an important component of inclusion.

- Participation in a community-based or general education setting is not enough. The individual needs of children with disabilities must be addressed in inclusive program.
- Specialized instruction can be delivered through a variety of effective strategies, many of which can be embedded in the ongoing classroom activities.

For more information see:

*Frea, W., Craig, L., Odom, S. L., & Johnson, D. (in press). Differential effects of structured social integration and group friendship activities for promoting social interaction of peers. *Journal of Early Intervention*.

*Horn, E., Lieber, J., Schwartz, I., Sandall, S. & Li, S. (1998). *Supporting young children's IEPs in inclusive settings through embedded learning opportunities.* Manuscript submitted for publication.

Adequate support is necessary to make inclusive environments work.

- Support includes training, personnel, materials, planning time, and ongoing consultation.
- Support can be delivered in different ways and each person involved in inclusion may have unique needs.

For more information see:

*Lieber, J., Schwartz, I. S., Sandall, S., Horn, E., & Wolery, R. A. (in press). Curricular considerations for young children in inclusive settings. In C. Seefeldt (Ed.), *Early childhood curriculum: A review of research*. New York: Teachers College Press.

Inclusion can benefit children with and without disabilities.

- The parents of children without disabilities whose children participate in inclusive programs often report beneficial changes in their children's confidence, self-esteem and understanding of diversity.
- High quality early childhood programs form the necessary structural base for high quality inclusive programs; thus, all children benefit from them.

For more information see:

*Brown, W. H., Odom, S. L., Li, S., & Zercher, C. (1998). *Ecobehavioral assessment in inclusive early childhood programs: A portrait of preschool inclusion.* Manuscript submitted for publication.

*Hanson, M. J., Morgan, M., Gutierrez, S., Barnwell, D., & Beckman, P. (1997). Finding friends at school and at home: Parents' strategies for helping preschoolers develop friendships. *Exceptional Parent, May*, 24-26.

The ECRII Researchers
Paula Beckman, Marci Hanson, Eva Horn, Susan Janko, Shouming Li, Joan Lieber, Jules Marquart, Sam Odom, Susan Sandall, Ilene Schwartz, Ruth Wolery

To learn more and join our mailing list contact

The Early Childhood Research Institute on Inclusion
Box 328, Peabody College
Vanderbilt University
Nashville, TN 37203

Visit our World Wide Web site at http://www.inform.umd.edu/EDUC/Depts/ecrii/

Section III:
Legislative Foundations

- Statutory Language Related to Inclusion From Part B of The Individuals with Disabilities Education Act Amendments of 1997
- Statutory Language Related to Inclusion From Part C of The Individuals with Disabilities Education Act Amendments of 1997
- "Rights to Regular Education"
  Kids Together, Inc. (1996)
- "Child Care Centers and the Americans with Disabilities Act"
  U.S. Department of Justice, Civil Rights Division, Disability Rights Section
  (November 1997)
- *Show Me How Technical Assistance Bulletin*
  (Missouri Department of Elementary and Secondary Education,
  February 1997, Issue No. 1)

BEST COPY AVAILABLE

Statutory Language Related to Inclusion From

Part B of
The Individuals with Disabilities Education Act Amendments of 1997 (P.L. 105-17)

from Sec. 1412. Least restrictive environment —

(5) LEAST RESTRICTIVE ENVIRONMENT-

(A) IN GENERAL- To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

from Sec. 1414. Individualized education program definitions —

(A) INDIVIDUALIZED EDUCATION PROGRAM-

The term 'individualized education program' or 'IEP' means a written statement for each child with a disability that is developed, reviewed, and revised in accordance with this section and that includes —

(i) a statement of the child's present levels of educational performance, including —

(I) how the child's disability affects the child's involvement and progress in the general curriculum; or

(II) for preschool children, as appropriate, how the disability affects the child's participation in appropriate activities;

(ii) a statement of measurable annual goals, including benchmarks or short-term objectives, related to —

(I) meeting the child's needs that result from the child's disability to enable the child to be involved in and progress in the general curriculum; and

(II) meeting each of the child's other educational needs that result from the child's disability;

(iii) a statement of the special education and related services and supplementary aids and services to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided for the child —

(I) to advance appropriately toward attaining the annual goals;

(II) to be involved and progress in the general curriculum in accordance with clause (i) and to participate in extracurricular and other nonacademic activities; and

(III) to be educated and participate with other children with disabilities and nondisabled children in the activities described in this paragraph;

(iv) an explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and in the activities described in clause (iii);

(end)

Statutory Language Related to Inclusion From

Part C of
The Individuals with Disabilities
Education Act Amendments of 1997 (P.L. 105-17)

from Sec. 632. Definitions —

As used in this part:

(4) Early intervention services.--The term "early intervention services" means developmental services that--

(G) to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate; . . .

from Sec. 635. Requirements for Statewide System —

(a) In General.--A statewide system described in section 633 shall include, at a minimum, the following components:

(16) Policies and procedures to ensure that, consistent with section 636(d)(5)--

(A) to the maximum extent appropriate, early intervention services are provided in natural environments; and

(B) the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

from Sec. 636. Individualized Family Service Plan —

(d) Content of Plan.--The individualized family service plan shall be in writing and contain--

(5) a statement of the natural environments in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment;

Rights to Regular Education

by Kids Together, Inc.

Children with disabilities are first and foremost children, worthy of equal respect, opportunities, treatment, status and place.

Moral Right

Children with disabilities are first and foremost children. They will benefit from the same experiences that are desirable for all children for the same reasons. They will also benefit from avoidance of the same undesirable experiences for the same reasons. Inclusion provides opportunities for socialization and friendships to develop. It provides a sense of belonging and appropriate modeling of social, behavioral, and academic skills

Civil Right

Separate is not equal. If something is offered to all children it must be accessible to all children. Access should not be denied based on disability or any characteristic alone. Children with disabilities have a right to go to the same schools and classes as their friends, neighbors, brothers and sisters. They have a right to be afforded equal opportunities.

Parental Right

Parents have a right, as experts on their own children, to pursue the least restrictive environment with supports and services for their children to successfully achieve their individual goals. They will always have far longer and greater responsibility, and vested interest in their child's future, than any system or paid professional. They are equal partners of the IEP (Individual Education Program) Team.

Ethical Right

Giving every child a sense of belonging, value and worth enhances their overall quality of life. Including children with disabilities in general education classes models acceptance of diversity. It teaches children how to function together with others of different abilities.

Legal Right

The Individual's with Disabilities Education Act (IDEA)

Passed in 1975 (as PL 94-142) amended 1997. Children with disabilities are to be educated to the maximum extent with children who do not have disabilities. Beginning in July of 1998, Congress requires that IEP's include a statement describing how the child's disability affects his/her involvement and progress in the general curriculum and a statement of goals and objectives that is related to enabling the child to be involved and progress in the general curriculum. [20 U.S.C. Sec. 1414(d)(1)(A)(i)&(ii).] The statement of services in the IEP must also include a statement of the supplemental aids and services that will be provided for the child and a statement of the program modifications and supports for school personnel that will be provided for the child to be involved and progress in the general curriculum and to participate in extracurricular and nonacademic activities beginning in July of 1998. [20 U.S.C. Sec. 1414(d)(1)(A)(iii).]

Americans with Disabilities Act (ADA)

Passed in 1990. Extended civil rights similar to those of the Civil Rights Act of 1964 to people with disabilities. "Prohibits discrimination on the basis of disability in: private sector employment; services rendered by state and local governments; places of public accommodations; transportation; telecommunications relay systems." Integration is fundamental to the purpose of the ADA. Regulations state that "a public entity may not

Reprinted with permission from: Kids Together, Inc. [1996]. Rights to regular education. [On-line]. Available: http://www.kidstogether.org/right-ed.html

deny a qualified individual with a disability the opportunity to participate in services, programs, or activities that are not separate or different, despite the existence of permissibly separate or different programs or activities."

Rehabilitation Act 504

Passed in 1973 - No otherwise qualified individual with disabilities in the United States.... shall solely by reason of his disabilities, "be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, or activity receiving Federal financial assistance..."

Civil Rights Act

Passed in 1964 - Protects the rights of all "minority groups"

Supreme Court — Brown v. Board of Education 1954

On May 17, 1954, the Supreme Court unanimously declared that "separate educational facilities are inherently unequal" and, as such, violate the 14th Amendment to the United States Constitution, which guarantees all citizens "equal protection of the laws." Justices concluded that exclusion "generates a feeling of inferiority as to their status in the community that may affect their hearts and minds in a way unlikely to ever be undone."Chief Justice Earl Warren stated "a sense of inferiority affects the motivation of the child to learn."

United States Constitution 14th Amendment

Section 1 "... nor shall any State deprive any person of life, liberty, or property, without due process of law; nor to deny to any person within its jurisdiction the equal protection of the laws."

Declaration of Independence -

Thomas Jefferson stated "We hold these truths to be self-evident: that all men are created equal; that they are endowed by their creator with certain unalienable rights; that among these are life; liberty and the pursuit of happiness."

Federal Court Cases:

- *Roncker v. Walter*, 700 F2d. 1058 (6th Circuit Court 1993)

addressed the issue of "bringing educational services to the child" versus "bringing the child to the services". The case was resolved in favor of integrated versus segregated placement and established a principle of portability; that is, " if a desirable service currently provided in a segregated setting can feasiblely be delivered in an integrated setting, it would be inappropriate under PL 94-142 to provide the service in a segregated environment" Questions used to determine whether mainstreaming can be accomplished.

1) What is it in the segregated program that makes it better than a mainstreaming program?
2) Can these things (modified curriculum, teacher) be provided in the regular school environment?

"It is not enough for a district to simply claim that a segregated program is superior: In a case where the segregated facility is considered superior, the court should determine whether the services which make the placement superior could be feasibly provided in a non-segregated setting (i.e. regular class). If they can, the placement in the segregated school would be inappropriate under the act (I.D.E.A.)." (Roncker v. Walter, 700 F.2d 1058 (6th Cir.) at 1063, cert. denied, 464 U.S. 864 (1983))

The Roncker Court found that placement decisions must be individually made. School districts that automatically place children in a predetermined type of school solely on the basis of their disability (e.g., mentally retardation) rather than on the basis of the IEP, violate federal laws.

- *Oberti vs. Board of Education of the Borough of Clementon School District* (3rd Circuit Court, 1993)

upheld the right of Rafeal Oberti, a boy with Down syndrome, to receive his education in his neighborhood regular school with adequate and necessary supports, placing the burden of proof for compliance with IDEA's mainstreaming requirements on the school district and the state rather than on the family. The federal judge who decided the case endorsed full inclusion, he wrote "Inclusion is a right, not a special privilege for a select few".

The Oberti Court stated ...

> "that education law requires school systems to supplement and realign their resources to move beyond those systems, structures and practices which tend to result in unnecessary segregation of children with disabilities.

"We emphasize that the Act does not require states to offer the same educational experience to a child with disabilities as is generally provided for nondisabled children.... To the contrary, states must address the unique needs of a disabled child, recognizing that that child may benefit differently from education in the regular classroom than other students. .... In short, the fact that a child with disabilities will learn differently from his or her education within a regular classroom does not justify exclusion from that environment." "Indeed the Act's strong presumption in favor of mainstreaming...would be turned on its head if parents had to prove that their child was worthy of being included, rather than the school district having to justify a decision to exclude the child from the regular classroom."

- *Sacramento City Unified School District vs. Holland* (9th Circuit Court, 1994)

upheld the district court decision in which Judge David S. Levi indicated that when school districts place students with disabilities, the presumption and starting point is the mainstream. The parents challenged the district's decision to place their daughter half-time in a special education classroom and half-time in a regular education classroom, they wanted their daughter in the regular classroom full-time. Rachel Holland an 11 year old with mental retardation, and was tested with an I.Q. of 44. The District contended Rachel was too "severely disabled" to benefit from full-time placement in a regular class. The court found in favor of including the child. The 9th Circuit Court established a four-part balancing test to determine whether a school district is complying with IDEA.

1) the educational benefits of placing the child in a full-time regular education program;
2) the non-academic benefits of such a placement. (The court noted social and communications skills as well as her self-confidence from placement in a regular class)
3) the effect the child would have on the teacher and other students in the regular classroom;
4) and the costs of supplementary aids and services associated with this placement.

(The court said cost is only a factor if it would "adversely affect services available to other children.")

The Clinton administration, via the Office of Special Education Programs, filed a "friend of the court" brief with the Court of Appeals in Support of Rachel Holland's placement in general education.

- *Greer vs. Rome City School District* (11th Circuit Court, 1992)

Court stated "Before the school district may conclude that a handicapped child should be educated outside of the regular classroom it must consider whether supplemental aids and services would permit satisfactory education in the regular classroom." Parents said the school determined the child's "severe impairment" justified placement in a self- contained special education classroom. The district argued that the costs of providing services in the classroom would be too high The court sided with the parents and said the school had made no effort to modify the kindergarten curriculum to accommodate the child in the regular classroom.. The court said that the district cannot refuse to serve a child because of added cost. The Court also said school officials must share placement considerations with the child's parents at the IEP meeting before a placement is determined.

- *Daniel R.R. v State Board of Education* , 874 F.2d 1036 (5th Circuit Court 1989)

found that regular education placement is appropriate if a child with a disability can receive a satisfactory education, even if it is not the best academic setting for the child. Non-academic benefits must also be considered. The Court stated that "academic achievement is not the only purpose of mainstreaming. Integrating a handicapped child into a nonhandicapped environment may be beneficial in and of itself...even if the child cannot flourish academically." The Circuit Court developed a two-pronged test to determine if the district's actions were in compliance with the Individuals with Disabilities Education Act (IDEA):

1) Can education in the regular classroom with the use of supplemental aids and services be achieved satisfactorily?
2) If it cannot, has the school mainstreamed the child to the maximum extent appropriate?

(*Note:* The Court stated that "In this case, the trial court correctly concluded that the needs of the handicapped child and the needs of the nonhandicapped students in the Pre-kindergarten class tip the balance in favor of placing Daniel in special education".)

- *Board of Education v. Rowley*, 458 U.S. 176 (2nd Circuit Court 1982)

Supreme Court found that individualized decisions based on the unique needs of each child were essential under federal law. Schools who let one criterion, such as a specific disability, automatically determine the placement are likely to be held in violation of federal law.

Rights to Regular Education, *continued*

Other Cases

- *Mills v. Board of Education*

The court adopted "a presumption that among the alternative programs of education, placement in a regular public school class with appropriate ancillary services is preferable to placement in a special school class."(See hearing proceedures 13a)

- *P.A.R.C v. Commonwealth of Pennsylvania*, 334 F. Supp. 1257 (E.D. Pa. 1971) Consent Agreement.

There is "a presumption that, among the alternative programs of education and training required by statute to be available, placement in a regular public school class is preferable to placement in a special public school class."

- *Dept. of Educ.,State of Hawaii v. Katherine D.*

In California, the federal appeals court has stated that the: "Congressional preference for educating handicapped children in classrooms with their peers is made unmistakably clear."

- *Irving Independent School District v. Tatro*, 468 U.S. 883, 893 (1984).

And if specially trained personnel, for example physical, occupational, and speech therapists are required to assist a student with a disability to participate in an inclusive program, those personnel must be hired.

- *Tokarcik v. Forest Hills School District*

Denying access to a regular public school classroom without a compelling education justification constitutes discrimination.

- *Mavis v. Sobol.*

"[T]he District has not justified, to the satisfaction of this reviewing court, its decision to exclude [the student] from a regular classroom."

- *Hartman v. Loudon County Board of Education* (E.D.Va 1996) .

A school district was required to place an 11 year old student with autism in a regular education classroom with a one to one instructional aide and an appropriately adapted curriculum. The student had shown benefit from such placement in a previous school district.

Other

The National Anthem — "land of the free"

The Pledge of Allegiance states "with liberty and justice for all."

Copyright 1996 Kids Together, Inc.

Child Care Centers and the Americans with Disabilities Act

Privately-run child care centers — like other public accommodations such as private schools, recreation centers, restaurants, hotels, movie theaters, and banks must comply with title III of the Americans with Disabilities Act (ADA). Child care services provided by State and local government agencies, such as Head Start, summer programs, and extended school day programs, must comply with title II of the ADA. Both titles apply to a child care center's interactions with the children, parents, guardians, and potential customers that it serves.

The U.S. Department of Justice answers questions about the ADA and provides free publications by mail and fax through its ADA Information Line and on its ADA Home Page on the Internet.

ADA Information Line

800-514-0301 (Voice) 800-514-0383 (TDD)

The **ADA Information Line** provides answers to general and technical questions, on Monday thru Friday from 10:00 a.m. until 6:00 p.m. except Thursdays when the hours are from 1:00 p.m. until 6:00 p.m. (Eastern Time). You may also order regulations and other free materials for mail delivery 24 hours a day.

ADA Information by Fax provides many ADA publications that can sent directly to your fax machine. To order, call the ADA Information Line at any time and follow the fax-back system directions.

ADA Home Page on the Internet

The Department of Justice's **ADA Home Page** provides free information including technical assistance materials, enforcement information including settlement agreements, links to other Federal agencies and updates on new and pending ADA requirements.

http://www.usdoj.gov/crt/ada/adahom1.htm

Examples of ADA Information Available

Commonly Asked Questions about Child Care Centers and the ADA
A 13-page publication that provides answers to commonly asked questions about how the ADA applies to Child Care Centers.

ADA Questions and Answers
A 32-page booklet in easy-to-use question and answer format giving an overview of the ADA's requirements.

Checklist for Readily Achievable Barrier Removal
This document helps identify accessibility problems in small to medium-sized existing facilities and provides sample solutions for some common architectural barriers.

Tax Credits and Deductions
To assist businesses with complying with the ADA, Section 44 of the IRS Code allows a tax credit for small businesses and Section 190 of the IRS Code allows a tax deduction for all businesses. These credits and deductions for businesses can be used to cover selected costs of providing access to people with disabilities.

Reproduction of this document is encouraged. 11/97

Available on-line at: http://www.usdoj.gov/crt/ada/chcinfo.pdf

Issue No. 1
February 1997

Show Me How

Technical Assistance Bulletin

from the Missouri Department of Elementary and Secondary Education

Understanding early childhood LRE requirements

Early Childhood Special Education staff at DESE are frequently asked program and implementation questions regarding the preschool program. In order to provide consistent responses to frequently asked questions, this section will provide Technical Assistance Bulletins to local school districts.

This bulletin, the first in a series, is intended to provide clarification about the least restrictive environment (LRE) requirements for early childhood special education services to administrators, teachers, and related services personnel.

Once a child's eligibility for early childhood special education has been determined, the next step for IEP teams is to develop an IEP with appropriate goals and objectives for the child and determine how and where they would best be implemented. IEP teams need to first consider a regular education environment for implementing the child's IEP goals and objectives. For ECSE children, this could be their current daytime setting and may include the use of supplementary aids and services.

1 Must districts address LRE for preschoolers?

Yes, the LRE provisions required by IDEA apply to all children ages 3 through 21 who meet the eligibility criteria for special education.

Embedded in the concept of LRE is the removal of students from regular education classrooms or removal from opportunity to receive education with nondisabled peers. Providing services in the least restrictive environment is a challenge because there is no publicly funded regular education program for 3- and 4-year-olds in Missouri, but there are a variety of options to consider.

Districts have the option of operating a reverse mainstream program that can satisfy LRE requirements or using other early childhood settings, such as Title I preschool programs and Head Start. Both of these settings are publicly funded. A few districts in Missouri operate preschool programs funded by tuition and/or local education funds that children in ECSE can access by parent pay.

Eligible children may receive their services in a community child care or preschool where the children are enrolled and the parents pay tuition. In those cases, it is recommended the IEP and notices regarding placement state that the children receive services in an early childhood setting in which the parents have enrolled the children, and the parents are responsible for costs associated with child care or preschool tuition.

When no other appropriate regular education options are available, DESE supports tuition costs for placement in a community early childhood setting only for the amount of time noted as regular education on the IEP.

Contact your early childhood special education supervisor for technical assistance on supporting tuition costs in community placements.

2 What do districts need to consider when determining where young children will receive their special education and related services?

After completing the necessary steps to determine eligibility, the IEP team must develop appropriate goals and objectives. Once these are developed, the IEP team determines what services are needed and the appropriate placement for the child to achieve these goals and objectives.

A variety of placement options must be considered, and the district is required to provide the placement that is determined to be appropriate for each child. Factors to consider when determining a child's placement include the:

- nature and severity of the disability;
- diverse learning style of the student;
- need for specially designed materials, supplies or equipment;
- significant modifications that would be needed;
- extent to which the student is distractible;
- inability of the student to engage appropriately with other students;
- potential harmful effects to the student or on the quality of services the student needs;

Reprinted with permission of the Department of Elementary and Secondary Education, Missouri State Department of Education

Understanding early childhood LRE requirements

- significant disruptions that would occur in the regular class having a negative effect on the education of the other students; and
- degree to which the student would not benefit from services provided in the regular classroom.

Districts are required to develop or arrange for those options that are determined appropriate if the district itself does not offer that option.

When an IEP team determines that a child at home or enrolled in a community early childhood setting should be placed in group ECSE in a segragated setting, the team has determined that the special education and related services the child needs cannot be provided in the current daytime setting with the support of supplementary aids and services.

3 How do IEP teams determine the number of regular education minutes to record on the IEP?

IEP teams must first consider providing services in regular education environments with the support of supplementary aids and services. If the IEP team determines that a regular education environment is not appropriate to implement the child's IEP goals and objectives, then teams should indicate zero minutes of regular education on the child's IEP.

In situations where the IEP team has determined a regular education environment is necessary to provide a free appropriate public education (FAPE), the amount of minutes the child will be in that environment must be documented as regular education minutes on the IEP. This obligates the current district and any district to which the child transfers to provide or arrange through purchase a regular education environment in which the IEP must be implemented.

When children are receiving special education services in a setting with nondisabled peers such as Head Start, Title I, etc., the IEP will indicate zero minutes of regular education unless integration is required to implement the IEP goals and objectives.

4 What can be considered regular education for young children?

Any environment, including the child's current daytime setting, that affords the opportunity for interaction with nondisabled peers can be considered regular education.

Federal regulations indicate at a minimum, the locating of special education classes for young children with disabilities so they will have an opportunity to interact with kindergarten or primary-age children without disabilities, can meet this requirement for some children.

Other current daytime settings for groups of young children without disabilities such as Head Start, preschools, childcare programs, and Title I preschools are possible regular education environments.

UNDERSTANDING
LRE

5 What about integration activities – must these be addressed for preschoolers?

Yes. Integration activities must be documented for children who are in group ECSE in segregated settings or in separate schools.

If a child does not participate in any integration activities during the time the IEP is implemented, then a description of reason(s) must be provided. IEP teams must determine what integration activities are needed on a regular basis to provide FAPE.

Integration activities might include attending a Parents as Teachers (PAT) playgroup, or the art learning center in a Title I preschool twice a week. Some districts have developed procedures with Head Start and/or community preschool programs to provide integration activities.

Keep in mind that this is not an exhaustive list. Young children who receive their early childhood special education services in early childhood settings already have integration opportunities simply by the nature of the setting. The decision not to provide integration activities cannot be based upon parents' ability to implement the activity, the child's age, or perceived lack of benefit for the child.

Please send us your comments and suggestions about improving this communique, including topics you want more information about.

Send your comments to:

Early Childhood Special Education Section
MO Dept. of Elementary and Secondary Education
PO Box 480, Jefferson City, MO 65102
Fax: [573] 526=4404 phone: (573) 751-0187

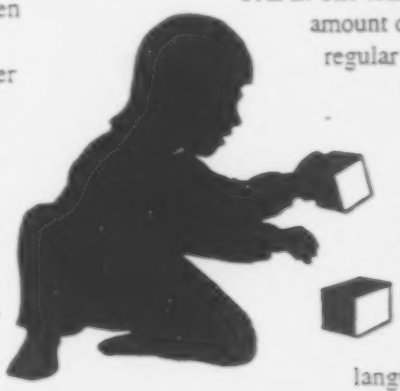
These bulletins are made possible by a grant from the Missouri Department of Elementary and Secondary Education, which complies with Title VII of the Civil Rights Act of 1964, Civil Rights Act of 1991, Section 504 of the Rehabilitation Act of 1973 as amended, and the Americans with Disabilities Act. Services are provided without regard to race, color, national origin, sex, or physical or mental disability. The Center for Innovations in Special Education (CISE) does not discriminate in programs, services, or employment practices. If you have special needs as addressed by the Americans with Disabilities Act and need this publication in an alternative format, notify CISE at (573) 884-7275, 1-800-976-CISE (MO only), or Relay MO 1-800-735-2966 (TDD). Efforts will be made to accommodate your special needs.

Applying LRE guidelines to different situations

The following scenarios are three examples of IEP team decisions regarding placement. These decisions for a child must be made on an individualized basis by IEP teams and may not necessarily follow the examples we have provided below.

Scenario #1

Maria is a 4-1/2-year-old who receives ECSE services in an early childhood setting (Head Start), which she had been attending for six months prior to her ECSE referral. Maria's IEP team has determined that receiving individual ECSE services one morning per week in her current daytime setting (Head Start) is her least restrictive environment. Her IEP team determined that a regular education placement with nondisabled peers is not required in order to implement the goals and objectives in her IEP. Therefore, her IEP would reflect zero minutes of regular education, 180 minutes of special education, and zero minutes of related service.



**This scenario differs from Scenario #2 even though both children are placed in community early childhood settings. The deciding factor is whether regular education is or is not required in order to implement the child's goals and objectives as determined by the IEP team. If it is required, then regular education minutes are indicated on the IEP, and the district must provide the regular education environment.*

Scenario #2

Joey is a 3-1/2-year-old who, prior to his ECSE referral, was at home with his mother during the day. He now receives ECSE services from his LEA in an early childhood setting (private community preschool). Joey's IEP team has determined, based upon the goals and objectives in his IEP, that he requires a regular education setting with nondisabled peers in order to provide FAPE. The team determined the amount of time Joey needed in regular education in order to implement the IEP goals and objectives to be two mornings per week (360 minutes). Joey receives 60 minutes per week of speech/language therapy, 30 minutes per week of occupational therapy, and 60 minutes per week of individual ECSE teaching, all of which are provided in his preschool setting. Therefore, the amount of regular education minutes recorded on his IEP would be 210 minutes, 60 minutes of special education, and 90 minutes of related services.

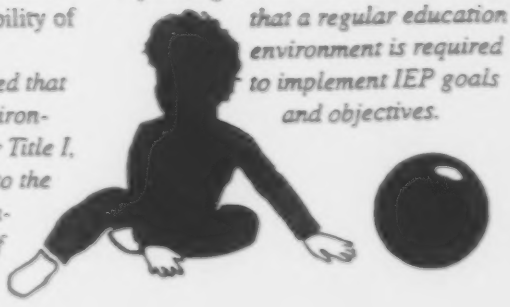
In this scenario, the district is required to purchase 360 minutes per week from the preschool, and any amount of time Joey spends at the preschool beyond the 360 minutes is the financial responsibility of his family.

**If the IEP team determined that Joey's regular education environment would be Head Start or Title I, then there would be no cost to the district for the regular education minutes on Joey's IEP. If Joey would transfer to another district, the new district would be obligated to identify a regular education environment for 360 minutes.*

Scenario #3

Ann is a 4-year-old who receives ECSE services in her district's group ECSE segregated setting (center-based classroom). Ann's IEP team has determined that her placement in the center-based classroom four mornings per week is the least restrictive environment for her. Ann receives 30 minutes each of speech/language, occupational therapy, and physical therapy. Because of her placement in a group ECSE segregated setting, the district must document integration activities that are individually planned for her or reasons why she is not participating in integration activities. The amount of regular education minutes recorded on Ann's IEP would be zero, special education minutes would be 630, and related services would be 90.

**If Ann was receiving services in a group ECSE integrated setting such as a reverse mainstream classroom, the district would not need to document integration activities because children without disabilities participate in the program. Minutes of regular education could vary in a reverse mainstream classroom depending on the IEP team decision that a regular education environment is required to implement IEP goals and objectives.*



National Early Childhood Technical Assistance System

a program of the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill

500 NationsBank Plaza ❖ 137 East Franklin Street
Chapel Hill, NC 27514-3628
(919) 962-2001 (voice) ❖ (919) 962-8300 (TDD)
(919) 966-7463 (fax)
E-mail: nectas@unc.edu
URL: http://www.nectas.unc.edu/

BEST COPY AVAILABLE